

CITY OF



COVENTRY

THE HEALTH SERVICES OF COVENTRY IN 1967

BEING THE
ANNUAL REPORT
BY THE MEDICAL OFFICER OF HEALTH

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.

CONTENTS

Health Committee	P
Health Staff	4
M.O.H. Survey and Vital Statistics	7-
Infectious and Other Diseases	22-
Venereal Diseases	
Tuberculosis and Mass Radiography	28-
National Health Service Act	35-
Mental Health	62
National Assistance Act (Section 47)	82
Water Supply and Analyses	87
Public Health Inspection Service	91-
Housing, Slum Clearance and Overcrowding	93
Atmospheric Pollution	121-
Noise	130-
Food and Drugs	101-
Public Abattoir, Inspection and Supervision of Food Supplies	117
Factories' Act, 1937 to 1959	145
Statistical Tables and Charts	154



Broad Park Junior Centre - "One of the three classrooms"

HEALTH COMMITTEE

(As at 31st December, 1967)

Chairman — Alderman R. A. BRADBURY*Vice-Chairman* — Councillor A. TAYLOR

The Lord Mayor (Alderman E. J. WILLIAMS)

Deputy Lord Mayor (Alderman L. LAMB)

Alderman J. F. McDONNELL

Councillor W. S. BRANDISH

Councillor I. BURBIDGE

Councillor L. ENGLEMAN

Councillor E. C. HEATH

Councillor T. KNOWLES

Councillor R. LOOSLEY

Councillor P. THORLEY

Councillor K. T. WARDLE

(Nominated by Education Committee)

Director J. BALLANTINE

Mr. S. SMITH

Mr. J. LEAVER

} Co-opted for purpose of National
Health Service Act Functions

STAFF OF HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, Medical
Advisor to Welfare Committee and Children's Committee:
T. Morrison Clayton, M.D., B.S., B.Hy., D.P.H.

Deputy Medical Officer of Health, Deputy Principal School Medical
Officer:
G. T. Pollock, M.B., Ch.B., D.P.H.

Senior Medical Officer for Maternity and Child Welfare:
Janet Margaret Done, M.D., B.S., D.P.H., D.R.C.O.G.

Senior School Medical Officer:
M. Margaret R. Gaffney, M.B., B.C.L., B.A.O., L.M., D.P.H., D.C.

Departmental Officers:

B. J. Cooper, B.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.R.C.O.
D.C.H., D.P.H. (Resigned 29.9.67).

Marion Hommers, M.B., Ch.B., (Part-time)

John M. B. Porter, L.R.C.P., L.R.C.S., L.R.F.P.S.

Z. Stelmach, M.B., B.Ch. (Part-time) (Resigned 14.12.67)

Evelyn M. Wilkins, M.B., Ch.B. (Part-time)

Mary D. Daly, M.B., B.S., M.R.C.P., L.R.C.P. (Part-time)

Mary Brennan, M.B., Ch.B., D.C.H.

Mary F. Keefe, M.B., Ch.B. (Part-time)

Savita Verma, M.B., B.S.

Amy Pochkhanavala, M.B., B.S., D.C.H. (Commenced 11.9.67)

Mary Lawson, M.B., Ch.B., B.A.O., D.P.H.

Health Visiting:

Superintendent: Miss K. N. Davies, S.R.N., C.M.B. (Part I),
Cert.

Deputy Superintendent: Miss K. L. Houlton, S.R.N., S.C.M.,
Cert.

Health Visitors (including part-time)

State Registered Nurses (for Tuberculosis, Clinic and School
Duties) (including part-time)

Student Health Visitors

Occupational Therapist: Miss P. West

Midwifery Service:

Non Medical Supervisor: Mrs. E. E. Woodley, S.R.N., S.C.M.

Deputy Non Medical Supervisor: Mrs. B. Fell, S.R.N., S.C.M.

Midwives

Home Nursing Service:

Superintendent: Mrs. M. C. Brady, S.R.N., S.C.M., Q.N. (resigned 30.6.67)	
Miss M. Wilkinson, S.R.N., S.C.M., Q.N., H.V.Cert (appointed 1.7.67)	
Home Nurses	56

Torrington House Hostel:

Warden: Mr. D. Bain	
Matron and Deputy Warden: Mrs. R. Powell	
Assistant Wardens: Mr. J. G. Unwin, G. Williams, A. Halford, M. Kelly	
Other Staff (Domestics, Caretaker)	12

Torrington House Sheltered Workshop:

Manager: Mr. R. Stanley	
Craft Instructors	6

Senior Training Centre, Torrington Avenue:

Supervisor: Mr. W. Lewis	
Senior Assistant Supervisor: Mrs. S. Jones	
Assistant Supervisors and other staff (including domestics) ..	19

Ambulance Service:

Chief Ambulance Officer: T. A. Atherton, B.E.M.	
Deputy Chief Ambulance Officer (Admin.): R. J. Norton	
Deputy Chief Ambulance Officer (Control): H. Petherham	
Ambulance personnel	97

Health Centre:

Nursing Staff	3
Receptionists	4

Administrative and Clerical:

Principal Administrative Assistant: F. Ellis	
Deputy Principal Administrative Assistant: G. Hubbard, A.I.O.M., A.R.S.H.	
Administrative Assistant Health Services Division: Miss E. Stephen	
Administrative Assistant Mental Health: Miss B. Sanders, A.I.O.M.	
M.O.H. Personal Secretary: Miss A. Elson	

Action Officers:

Finance: Miss D. Hickton	
Infectious Diseases, Vaccination and Immunisation: Mrs. S. Williamson	
Salaries, General Office and Enquiries: Miss P. Bates	
School Health, Maternity and Child Welfare: Mrs. M. Gamble	
Typing Pool: Miss M. Goddard	
Provision of Nursing Equipment and Welfare Foods: Miss J. McGregor	

Clerical Staff
 Store Keeper, Cleaners, Clinic Assistants
 Assistant Superintendents: Miss B. Sharkey, S.R.N., S.C.M., Q.N.
 Miss J. McGettrick, S.R.N., B.T.A., Q.N.

Day Nurseries:

Supervisor: Mrs. M. E. Williams, S.R.N.
 Matrons: Miss M. Allen, Mrs. G. Sanders, Mrs. E. M. Butcher
 Mrs. G. Crichton, Mrs. E. M. McGowan, Miss D. M. Griffith
 Mrs. I. Lines, Mrs. O. Lepworth, Mrs. C. Commane.
 Nursery Staff:
 Wardens
 Nursery Nurses
 Nursery Assistants
 Students

Mental Health:

Principal Mental Health Officer: Mr. E. J. McCoy, A.A.P.S.W.
 Senior Mental Welfare Officers
 Mental Welfare Officers

Health Education Officer:

Mr. M. S. S. Udoh, N.R.N., S.R.N., D.H.E. (Lond.)

Speech Therapy:

Senior Speech Therapist: Miss B. Carr
 Speech Therapists

Junior Training Centre, Burns Road:

Supervisor: Mrs. M. Darnell
 Deputy Supervisor: Mrs. M. C. Johnson (promoted to Supervisor
 Broad Park J.T.C. w.e.f. 11.4.67); Mrs. I. Maxwell (w.e.f. 1.6.
 Assistant Supervisors and other staff (including domestics) ..

Special Care Unit, Wyken Grange Road:

Supervisor: Mrs. M. Brand
 Other Staff (including domestics)

GENERAL STATISTICS

1967

Area in acres	20,165
Population (Census 1961)	305,060
Population (Estimate 1967)	333,830
Density of population (1951) per acre	13.47
Density of population (1967) per acre	16.54
Estimated number of inhabited dwellings, December 1967	103,600
Average number of persons to each occupied house	3.23
Estimated value of City (December 1967)	£13,983,462
Income represented by penny rate (estimated 1967-68)	£56,044

Live Births—

	<i>Males</i>	<i>Females</i>	<i>Total</i>	
Legitimate) ..	2,985	2,884	5,869	
Illegitimate)	291	295	586	
	3,276	3,179	6,455	= 19.33 birth rate per 1,000 population
Legitimate livebirths 9% of total (live births)				
Stillbirths	58	51	109	= 16.3 rate per 1,000 births
Deaths	1,693	1,354	3,047	= 9.1 per 1,000 population
Total maternal deaths				1
Maternity mortality rate				0.15
Death rate of infants under one year:—				
(a) All infants per 1,000 live births				22.1
(b) Legitimate infants per 1,000 live births				22.4
(c) Illegitimate infants per 1,000 live births				20.4
Neo-natal mortality rate (first four weeks)				= 13.02 per 1,000 related live births
Early Neo-natal rate (first week)				= 12.02 per 1,000 related live births
Infant-natal mortality rate (still births and deaths during first week)				= 28.6 per 1,000 total live and stillbirths
Marriage rate				16.1
Death rate from principal infectious diseases*				0.009
Respiratory death rate				1.01
Pulmonary Tuberculosis death rate				0.045
Death rate from other forms of tuberculosis				0.003
Death rate from Cancer				1.8
Comparability factor (births)				0.95
Birth rate, adjusted by factor				18.5

Whooping Cough, Diphtheria, Measles, Acute Poliomyelitis, Meningococcal Infections.

MY LORD MAYOR LADIES AND GENTLEMEN,

This is my twenty-first Annual Report as Medical Officer of Health for the City and the comments, details and comparative remarks which follow all have relation to the health of Coventry citizens during 1967. The report will as usual have regard to environmental and personal health matters and will take into account the various requirements of the Minister of Health which are set out in Circular 1/68 of his Ministry.

Dealing firstly with vital health statistics it will be observed from the preceding table of General Statistics that the Registrar General's Mid-Year estimate of population for Coventry in 1967 was 333,830 which is some 1,800 more than that for 1966. The estimate for inhabited dwellings was 103,600 which provided an increase of 1,400 over that for 1966. The density of population per acre at 16.54 was slightly above that for the preceding year of 16.4.

In 1967 the Birth rate per 1,000 population of this city was 19.33 as was, thereby, slightly lower than the 1966 figure of 19.87. It continued however to be well in excess of the comparable National figure of 17.1,000. There was an increase in the number of illegitimate births of 1,000 from 561 in 1966 to 586 in 1967.

The 1967 crude death rate was 9.1 per 1,000 population – this being slightly higher than that for 1966 at 8.95.

The infantile death rate for 1967 was 22.1 per 1,000 live births which derived from 143 infant deaths: the comparable figures for 1966 were 20.36 and 134 respectively. It is unfortunate therefore that the 1967 figure was slightly elevated but this is a circumstance which can be expected occasionally, as will be seen from the Chart appearing on page 157 here.

The perinatal Mortality rate (still births and deaths during the first week after birth) was rather higher at 28.6 than that for 1966 at 27.9.

Statistics of notifiable infections show that there were 2,960 cases of measles brought to our notice which is fewer by 171 than those notified in 1966. Whooping Cough produced 258 notifications as compared with 429 in 1966. Dysentery produced 623 notifications – a considerable increase over the figure for 1966 at 167 and thereby demonstrating once more the unpredictability of this, for infants and young children especially, quite contagious but fortunately mild disease.

Food poisoning notifications showed a decided and welcome decline from 151 in 1966 to 24 in 1967 and we were fortunate to have no incidence of major numerical importance during the current year.

1967, provided the first notification of Poliomyelitis in this City in several years – a little girl of two years was affected, fortunately a non-paralytic case of mild nature (the last case notified in Coventry was in 1959).

There were no notifications of either diphtheria or typhoid fever during 1967. There was however one case of para-typhoid notified. Infective Hepatitis produced 208 notifications in 1967, as compared with 5 in 1966: a considerable increase.

Pulmonary tuberculosis provided 107 notifications – some 25 less than in 1966. During 1967 the Coventry Mass Radiography Unit was moved from Coventry to Birmingham – this because of the very small number of cases brought to light in the City by this medium: a circumstance which has been repeated widely throughout the Country in pretty much every locality.

From an economic point of view therefore there was clearly need for Regional Hospital Boards to reorientate their Services by withdrawing many Units and concentrating those retained at Centres for the needs of much wider populations. The move was envisaged as likely to bring about economies on a wide front but clearly, in the light of the greatly improved statistics, there was need for the decision. We can but wait to find out in the light of experience if the new arrangement will be justified.

Dr. Evans, the Director of Mass Radiography Services for the Coventry area, and his Staff, have compiled the customary annual report and for the year under review appears at page 31 *et seq.* For the reasons stated above however this will be the last report provided to me of this kind but on this occasion a Table showing the work of the Unit over the years period since its inception is provided and demonstrates a most significant and pleasing set of circumstances. In 1948, the first full year there were 125 cases of pulmonary tuberculosis notified in Coventry and giving an incidence of the disease of 3.6 per 1,000 of the population examined. Up to 1952 when some 295 cases were brought to light by Mass Radiography with the highest incidence yet recorded of 6.5/1,000 population the picture was one of depression at this elevating incidence. But gradually in the next two years and very much more rapidly from 1957 onwards the canvas has changed until, quite dramatically in 1967 there were only 14 cases of active pulmonary tuberculosis brought to light by mass means.

This remarkable situation has been brought about firstly because of the continuing impact of Mass Radiography and secondly with the introduction of specific antibiotics against the disease there came an amazing change of scene from about 1955.

I take this opportunity to offer my grateful thanks – may I be so presumptuous as to say on behalf of all Coventry citizens – for the wonderfully good work which Dr. Gordon Evans and his Staff have accomplished in this City during the past 21 years. It has been a great and satisfying pleasure for me and my appropriate Staff – not least our tuberculosis and Health Visitors – to be in any way associated with this excellent preventive work in the environmental field. Dr. Evans has not only been in the best of health and we do sincerely hope that this will

quickly be repaired. He, together with Mr. E. D. East (Organising Secretary) and their associated colleagues can surely look back with great satisfaction upon the outcome of their endeavours.

1,270 new cases of venereal disease were dealt with at the Special Clinic, Coventry and Warwickshire Hospital in 1967 – an increase of over the figure for 1966. I am indebted to Dr. F. M. Lanigan O'Keefe, Consultant Venereologist, and his Staff for the helpful liaison with my department throughout the year and for the statistics appearing at page 163.

There were increasing signs by the turn of the year that immunisation against Measles on a national scale, was unlikely to be far removed and this indeed was encouraging news. We now look forward to this progressive move with happier anticipation.

In the quite detailed summaries of infectious diseases and incidents which follow it will be noted that Health Department Staff are, not infrequently, drawn into National research projects (see Whooping Cough); that dysentery increased quite considerably in 1967 and involved my department in rather large scale investigations and intensive preventive action at one City School. Fortunately, the major aspects of the outbreak were well controlled within a fortnight and the school was totally back to normal routine by early December.

From time to time we have to deal with special circumstances involving from immigrants and an interesting example of this is described at page 24 under "Paratyphoid Fever".

I have previously referred to notification of a case of poliomyelitis and details of this appear at page 25.

I am much indebted to Dr. J. E. M. Whitehead, local Director of the Public Health Laboratory Service, for the helpful and interesting report he has provided at page 33. Dr. Whitehead comments, *seriatim*, upon the prevalence of influenza virus states and upon poliovirus; German measles and the related incidence of immunity in expectant mothers: a heartening commentary in that immunity is apparently demonstrable in a much higher proportion of mothers than was previously imagined. Moreover the means of earlier diagnosis of developing rubella in expectant mothers is now possible and this will be most valuable in that more prompt and effective protection of the mother and, thereby, the unborn child should be a distinct possibility as and when an effective and safe vaccine comes to be produced. Dr. Whitehead also comments upon the effect of respiratory viruses, which can clinically be mistaken as causing Whooping Cough. In his report he too draws attention to the part which Coventry is playing in the research field and in which our Health Visitors were involved in related field work.

The failure to recruit full-time Medical Staff, and especially those having practical post graduate experience of community health service, continues to cause concern and while we know that this is not simply a local circumstance but a national situation, it is nevertheless most concerning.

The Medical Services are clearly not attracting, at most levels, a proficiency of the younger generations of doctors who have qualified in this country and this is an ailment which needs the most careful study and investigation. The present trend, which is underlined by the extremely sparse response to advertisements, is surely indicative that the Public Health Service now carries little attraction as a career for younger doctors. Perhaps future legislation which is envisaged for the reorganisation of the health and welfare services may reverse the trend to some extent but to date it traces little to give encouragement that it will be so.

We continue therefore in Coventry to acquire as best we may such part-time service from General Practitioners as will assist us in meeting our obligations to the community and we appreciate their helpfulness.

In the Jubilee Crescent area of the City a new multipurpose building for the use of citizens in that locality came into operation during the year. It provided certain services deriving through a number of Municipal Departments e.g. Libraries, Education, Welfare, Health, etc. The latter Department is allocated a small section of the building for Maternity and Family Welfare Clinic purposes but staff shortages have tended to limit our use of the rooms for the time being.

By the turn of the year a much higher number of the City's confinements were taking place at the new Walsgrave Maternity Hospital and it is evident that the upward trend will continue quite rapidly. The General Practitioner Unit became operative during the year and our domiciliary midwives are making an increasing number of visits to the hospital to ensure adequate liaison and arrangements for mothers returning to their homes from the hospital wards.

Discussions have taken place over a long period with the object of our domiciliary Midwives using the hospital facilities to undertake more of their confinements there on their own account. By the end of the year the outlook appeared more propitious towards this happening.

It is to be noted that the sessional attachment of domiciliary Midwives to General Practitioners Antenatal Clinics continued to develop throughout the year. These arrangements clearly give mutual satisfaction to the patient, doctor and midwife alike.

Our old Windmill Road Day Nursery underwent an extensive 'face-lift' in 1967, and the City Architect is to be congratulated upon the improvement which has been brought about and which was long overdue.

Commentary appears at page 40 regarding the impact of the recently increased charges at our Day Nurseries. My departmental staff have concern for certain parents, whose nursery aged children have inadequate home circumstances or who present particular problems, may decline the service if the costs increased but, generally, there have been no major problems arising out of this new measure.

There was an increase too, in applications for registration under the Child Minders Regulations – most of these being in respect of small family groups – and for the registration of Play Groups.

The response from women to undergo tests under the local Cervical Cytology arrangements has been disappointing in Coventry and may be related to some of the factors mentioned on page 41 herein.

Statistics available from the Principal School Dental Officer demonstrate that only 3.7% of total treatments carried out by he and his staff were on behalf of pre-school children and expectant and nursing mothers. The number of such cases attending for inspection did, however, increase from 178 in 1966 to 870 in 1967. Treatments too, were elevated from 745 to 843.

The report concerning the activities of our Health Visitors, which appears at page 46, indicates a considerable increase in the work performed by this service. From the visiting point of view more calls were made upon women for antenatal purposes; upon children 0-5 years of age; and upon special cases and problem families. Visits to doctors and surgeries increased – this for the purpose of enhancing measures of liaison in the interest of the patient concerned. Headteachers were more frequently approached in 1967; local hospitals too have had more visits and, together, the above recounting demonstrates the closer patterns of liaison which are developing in the interest of people needing guidance in matters of personal and community health.

The number of visits made by Health Visitors to home accident cases has also increased and the local general hospital continues, most helpfully, to provide us with necessary information to enable early visits to be made to the appropriate homes. This is all to very good purpose and greatly in the best interests of the people most concerned.

Through the Home Nursing Service the range of disposable articles for patients has been extended as also the range of disposable and non-permanent nursing equipment (see page 51). The patterns of close liaison between General Practitioners and District Nurses has developed still further wherever genuine opportunity presented.

A helpful liaison was developed in 1967 as between High Wycombe (Geriatric) Hospital and our District Nursing Service, whereby one of our Assistant Superintendents visits the hospital on a weekly basis and gains first hand information about pending discharges. Continuation of rehabilitation is consequently maintained and close association too, on the part of the Officer appointed by the Welfare Department for special liaison responsibilities, enhances the value of the arrangement.

An increase in the number of children immunised against poliomyelitis during 1967, was encouraging – likewise against diphtheria and whooping cough. One cannot too frequently stress the great – indeed the – importance of sustaining the pool of immunity in the population as a whole, at a sufficiently high level to keep these diseases fully at bay.

th. Parents particularly are in a position to achieve this by ensuring protection of their children through the channels which are readily available for this purpose, namely, by their general practitioners or at the City Local Authority Child Health Centres throughout the City.

Further progress has been made in relation to the Computerisation of immunisation and vaccination procedures – a measure, it will be recalled, which, in 1966, was imminently pending and was commented on at length in the Medical Officer of Health's report for that year. There have been a number of difficulties in putting this complicated procedure into practice but these were not unexpected. By the turn of the year all our Child Welfare Centres had been brought within the computerising and a start had been made progressively, to include the requirements of general practitioners within the arrangement: this latter would be helpful in a number of ways to family doctors.

There was jubilation when our new Ambulance Station came into operation at Swanswell during the year – the premises were officially opened by His Worship, The Lord Mayor of Coventry (Councillor E. J. Adams, J.P.) on the 8th November, 1967.

After so many years of frustration and quite patient waiting by our ambulance personnel (and, indeed, ourselves at centre) this was a real better occasion. There are bound to be many "teething pains" arising during the forthcoming months – one way or another – but after the trials and tribulations of preceding years these will, no doubt, be taken in stride.

What is important is that with the advent of these new Headquarters and the associated equipment, into which in both cases detailed forward thought was given, we look forward to a greatly balanced service for the people who matter most – namely the patients.

It will be noted that the average mileage per patient carried has tended to increase during the last three years and it seems clear that this is due to the new road patterns and one-way systems which have been so much a part of planning and developments in the City over many years.

Gradually, after the settling-in process has had ample time to take effect at the Ambulance Station we also hope to make much fuller use of the excellent accommodation provided for training purposes – this too is an acquisition which has been greatly needed for a long time.

There has been much activity during the year in Health Education. A specific campaign was mounted on the subject of "Smoking and Health" which was designed to help people – including the younger generations over school age – who were finding difficulty in giving up smoking. The main objective was to impress the dangers of smoking and to persuade those attending the course from continuing with this objectionable and harmful habit.

The campaign commenced on 9th October, 1967, and during the two following weeks a large number of suitable posters were circulated, widely,

for display at locations in the City likely to attract optimum public attention. The Press too were most helpful with the publicity they afforded to during the campaign.

A "Five day anti-smoking clinic" was held at our Broad Street Family Health Centre and 96 out of 126 people enrolled for the Course attended on the first evening - reducing to 67 on the last evening. Final assessment indicated that the campaign had done much good. There is little doubt but that a repeat course will be arranged during 1968.

Many other subjects have received attention and some of them especially so in the light of current topicality e.g. Cervical Cytology, Drug Dependence.

Valuable work has been undertaken by the Health Education Officer during the year and he has had helpful clerical assistance. I must continue to impress however, that for a City of some 334,000, as Coventry now is, there is *great need* for additional qualified health education staff, as well as for more adequate supportive, technical and clerical assistance. Additional accommodation (to include a Conference room taking up to say, an audience of sixty persons) together with adequate display equipment and much needed adjuncts to this service. The Conference room would serve not only for Health Education purposes but for continuing in-service training purposes for the varieties of staff which a progressive Health Department employs - and, indeed for other specifically related Municipal departments besides.

Health Education, as I have so frequently remarked in my previous Annual Health and School Health Reports and elsewhere, is a highly important tool for furthering the quite vital and many sided message of Preventive Medicine and stimulating persistently, positive health attitudes. It is therefore deserving of intensive support and encouragement which must not be based upon a "shoestring" conception. It is extremely important to remember that amazingly hard fought battles have been fought over the years both in environmental and personal health context. In the latter years the literal elimination of diphtheria and poliomyelitis in this country are examples in point, but without the public (and not only parents on behalf of their children) evade lethargy and are continually "on their toes" even these appalling diseases could be with us once more. It is in such situations, and there are very many of them, where the community needs persistent reminders of the dangers inherent in lurking in our environment and the measures which can be taken, real measures to avoid or counter them.

I wish to thank the Health Education Officer, together with all the members of my staff, who in any way are engaged in health education activities, for the consistent and most important work which they do bring benefit thereby to Coventry citizens.

Activity in the Coventry Mental Health Service was quite intense during 1967, and a further important step was taken with the fact

made available for mentally subnormal children when Broad Park House was opened in April by his Worship the Lord Mayor (Councillor E. J. Williams, J.P.).

This project came forward for designing after careful Health Department consideration of requirements for the fast developing needs of, firstly, a Junior Training Centre, secondly a Special Care Unit and thirdly a Short Stay Home.

The design, therefore, for which we are indebted to the City Architect, fully took account of these interests so that all three aspects were catered for advantageously, within contiguous portions of the same building i.e. 30 place Junior Training Centre, a 15 place Special Care Unit and a 10 place Short Stay Home.

With their availability it became possible to reorientate accommodation facilities for special care children and to re-allocate them, so that the more severely subnormal/physically handicapped were placed at Broad Park House where the modern fitments are better suited to their needs. The Wyken Unit was thereupon assigned, more specifically, for children with serious behaviour problems.

Had it been that the Regional Hospital Board were able, initially, within their sphere of responsibility, to provide an adequacy of places for hospital type Special Care cases then it is certain that a number of those now cared for by the Local Authority would have been assigned immediately to the Board's Care.

With the Broad Park House provisions pending it was deemed opportune for the Medical Officer of Health to consult with his counterpart at the Board – in order to attempt some joint solution – in part at least to this problem. A proposal was advanced that the Regional Board should favourably consider financial provision for one or two appropriately experienced Nursing Staff for hospital type cases accommodated in the New Unit.

There followed on a subsequent date, a meeting at the Ministry of Health attended by the Board's Principal Assistant Medical Officer and our Medical Officer of Health but, sad to relate, no real progress had been made by the end of the year towards a solution of the problem in hand. Maybe as, and when, greater administrative unity prevails between the three present "arms" of the N.H.S. Act, then such problems as that indicated above may come more speedily to resolution.

A pleasing development during 1967 was the welcome supplementation of interesting jobs coming to our Torrington Sheltered Workshops from Industrial Organisations. These assignments were most helpful to our employees and, indeed, are indicative of a growing external realisation that there are very many mentally subnormal persons who are eminently capable of undertaking well worthwhile jobs. This is not only helpful towards better national economy, but is of the utmost importance in maintaining morale for our employees and providing a continuing indication that they constitute an integral and helpful part of our total society.

Needless to say such a situation could not have prevailed in Coventry but for the early, post National Health Service Act, provision of Training Centres and thereafter the intensive, and not a little dedicated work of our staffs in these establishments.

Our Torrington House Hostels continue their full and important part in providing care and a varied pattern of social interests for the men and women resident there. All who are accepted into the hostels are assessed as being able to engage in Sheltered Workshop employment or to undertake training or modified work at the Senior Training Centre both of which establishments are quite close at hand. A few other residents are engaged in open employment.

In the field of Mental Treatment and Care for those psychiatrically in need, our Mental Health Staff has been fully and intensively engaged throughout the year. Because of the stringent economic situation it was not possible to supplement our staff in post and this was unfortunate since the additional demands – which inevitably accompany a successful service from year to year – have been extremely heavy.

Consolidation rather than expansion has been the order for the year under review, but a time must, and will, come where staff engagement will need to keep pace with increasing needs in the interests of total community health.

There has been much talk in latter years about "attachments" of district nurses and midwives to the practices of family doctors and although as yet it has not been possible to achieve in the fullest sense of that word yet the intensive and growing pattern of liaison in this city is one having considerable merit towards the ultimate objective.

For those external onlookers who talk facetiously about the quick attainments of a unified national pattern of "attachments" it is necessary to draw attention, as one example to the astounding increase in population of Coventry within this past quarter Century.

With the tremendous redevelopments and migration of population into the more peripheral areas this has meant that the services of very many general practitioners have been carried with their patients so that a wide "scatter" of work for individual doctors has accrued.

Under such circumstances "attachment" in the sense envisaged is not easy of achievement but must rather be a gradual process merging from the *more intensive* liaisons (now practised in this City) towards the ultimate goal of "full" attachments.

A relatively few doctors in the city have more recently gone out their way to concentrate their practices so that peripherally placed patients are advised to change to doctors more conveniently placed to attend them. If this arrangement could be developed more widely then the pace of "attachment" could be accelerated and the nationally envisaged objective achieved more readily.

This subject has been introduced into my report at this point because it is necessary to remind readers that sessional attachment of psychiatric social workers to general practises and, most certainly, to the extent it has been developed in this city, has something of uniqueness about it and should not go unnoticed. It has progressed since 1959 when, with the appointment of our first Psychiatric Social Worker, opportunity was taken to assign him for a session to a group of doctors practising from our Tile Hill Health Centre.

With the progressive attitude of recruitment and training adapted by the Local Authority, the availability of Mental Health Social Workers so increased as to allow the assignment of Psychiatric Social Workers to several more group practises. There is no shadow of doubt that this pattern of work is a signpost for the future and moreover, the number of enquiries concerning our system and visits made by interested delegates from many external quarters has been most significant.

It is reasonable to assume however that with this development there will come a point when a rationalisation of available Psychiatric Social Workers will be necessary to allow of their services being available to a wider clientele of general practitioners. Such a development is departmentally much in mind and one visualises the sessional allocation of Psychiatric Social Worker teams to divisions of the city – preferably placed near newly established Family Health Centres. The requirements of more general practitioners and the needs of their appropriate patients could be more readily met.

It is not my intention in this preamble upon the Community Mental Health Services of the City, to highlight other than a few of the developments which took place or were occurring during the year. For those who have a specific interest in the wider coverage of the Service there is a wealth of information appearing at pages 62 to 74 and in which they will find many facets to claim their attention.

In passing from this section of the health department's responsibilities, I should like to take opportunity to thank all our colleagues working in their respective disciplines in psychiatric hospitals, hospitals for the mentally subnormal or hospital out-patients' departments – and whether they be of consultant, general practitioner, social worker, nursing or other professional status – for the care which they bring towards aiding and comforting the very many mentally sick and mentally impaired people in the community, I greatly appreciate their ready co-operation and helpfulness to my staff and myself at all times.

To my own staff at every level of responsibility who perform their respective tasks under ever increasing pressure of most challenging work I wish to extend my thanks for their endeavour and achievements.

I continue to value most highly the Committee Meetings which I attend at Central Hospital and at Chelmsley Hospital for these present opportunities for mutually helpful exchange of information and viewpoints for the resolving of problems.

Within the scope of our Section 28 (N.H.S. Act) responsibilities the number of cases of pulmonary tuberculosis notified to me in 1967, was the lowest ever and this gives cause for reasonable satisfaction – although there is room for further improvement in forthcoming years. Three out of nine children under 15 years of age and 31 cases out of 107 notified in total related to immigrant families – mostly Indians or Pakistanis (further comment on page 74).

Occupational Therapy is a most helpful means towards the rehabilitation of tuberculous patients and of physically handicapped persons. Excellent work towards this end is performed by our Occupational Therapist who pursues her work either by group or individual instruction at the Gulson Road Clinic or within the homes of a proportion of patients, mostly those who are more severely handicapped. Further details concerning this work appear at page 75.

With regard to the *fluoridation* of Public Water Supplies it will be remembered that the Coventry City Council did some time ago authorise this measure and now await technical advice as to how this can be best achieved. Sufficient monies were included within the Annual Estimates for the Coventry Water Undertaking for the financial year 1967/68 in order to proceed with fluoridation but, and unfortunately, because of the acute economic crisis these finances were eliminated and we await hopefully for their firm reinclusion in the Local Authority's finally accepted Estimates for 1968/69.

It goes without saying that both the Authority's Principal Dental Officer and I do most sincerely trust that, in the interests of the youth of this city, and for the increasing benefit of later community health, this extremely important measure will soon be forthcoming.

It was in late 1952 when having voluntarily accepted responsibility on behalf of my department for medical examinations under the Local Authority's Superannuation Scheme and other rather similar duties in respect of the Transport and Fire Departments, that the appointment of Medical Referee by Coventry Corporation followed. The total numbers of medical examinations conducted in respect of the above requirements during 1954, 1955 and 1956 were 1,181, 1,285 and 1,237 respectively.

By the end of 1967, however, while similar responsibilities led to some 1,276 such examinations conducted by departmental Medical Officers, there were additionally, 353 examinations completed on behalf of the Education Department's further requirements and various other special examinations for various reasons.

In addition some 731 food handlers were dealt with by the process of a Medical questionnaire (see Table, page 90 herein).

These increasing pressures have meant that a higher proportion of Medical Staff time, as part of that totally available, has needed to be diverted for the above requirements. It seems therefore that the time has probably arrived for the Local Authority, seriously, to be considering

stitution of a more comprehensive Occupational Health Service of the type which has been set up by a few other large Local Authorities and which is fairly comparable with schemes operating in many progressive Industrial Organisations.

Such a scheme would need to be constituted with considerable forethought and care and should take due account of essentials i.e. the process of Medical Examinations as the baseline of the Service and which initially should include fitness for duties, for admission to the Superannuation Scheme and for entry into an accepted Sickness Scheme. Thereafter intermediate Medical examinations would be required – not least for certain employees referred by Municipal Departments following prolonged sickness or repeated absenteeism, etc.

In a Comprehensive Scheme there would be need for the examination of long-serving and older categories – something which, at present, relates to a proportion of employees only e.g. P.S.V. drivers.

Retirement examinations should also be taken into account as also those for disabled persons of which the Corporation are obliged to employ some 3% of total staff. Consideration too, would be required for processes of rehabilitation whether in post-operative context or following long periods of sickness or after injuries.

Generally too, it would be necessary to provide adequate First Aid facilities for a total service of the above nature and to envisage such matters as Health Education, daily treatment provisions, the desirability of helpful surveys and studies, statistics (e.g. Morbidity, accidents, etc.).

As and when the Corporation might consider the constitution of such a service then supplementary staff requirements should be duly taken into account in parallel i.e. Medical, Nursing, Occupational Therapy, Psychiatric Social Work, Safety, etc.

At a later moment the desirability of providing a Mobile Unit for a team of such workers, who would act in a peripatetic capacity should be seriously considered as a possible objective development.

The above remarks will perhaps give some idea of what could be in mind for the future and if, at this stage, it serves to stimulate more intensive thought along such lines then a useful purpose will have been served. Equally too, there will be need to extend our existing limited central medical room to cope with the much wider field of responsibility.

I am greatly obliged to the Chief Public Health Inspector for the comprehensive report which he has passed to me and which I have included hereinafter. It is noted that 4 Clearance Orders involving 29 houses were made during 1967, while 197 houses were declared unfit under the Road Compensation Act, 1961. Individual Demolition Orders accounted for 119 houses and Closing Orders were made in respect of 13 houses.

The ultimate decision in the High Court relating to the definition of 'overcrowding' as applied to the circumstances described on page 98 is

clearly of pointed interest and significance in consideration of like situations in the future. The time which is involved for inspectors visiting houses in multiple occupation is considerable and these duties have involved an 80% increase in 1967.

The analyses of milk samples for antibiotic content increased and 8 out of 316 examinations denoted the presence of penicillin. It is pleasing to observe that, generally, the results were improved upon those for the preceding year.

Brucella Abortus is a disease tending to cause concern in some parts of the country and it usually arises from infected milk or cream. The Inspectorate are clearly having regard to this and, fortunately in the 2 samples submitted for bacteriological examination all were clear of the causative organism. Equally it is pleasing to observe the continued concentration upon food hygiene standards in the city – including those relating to meat production – which are very important aspects of the Inspectorate's work.

During 1967 there was a suspension of activity in respect of smoke control surveys – this being due to the acute financial situation prevailing. It is hoped that the economic position will soon so improve as to allow a resumption of this work: since the elimination of smoke pollution is of considerable environmental importance towards a healthier community.

The report of the Chief Public Health Inspector provides a mine of most useful information and I would offer to him and to his staff my warm congratulations upon the work and results they have achieved. I also express thanks to them for their ready helpfulness whenever my staff and I have had need of it.

The Director of Welfare Services has provided me with his report concerning the Home Help Service (N.H.S. Act – Section 29) and this denotes the wide coverage for various categories of Coventry citizens in need for the elderly, handicapped, maternal and others in need of the service.

It is also noted that the provision of a Home Help Service by Local Health Authorities will become mandatory for various sections of the community if the measure which is now pending i.e. the "Health Services and Public Health Bill" should be enacted.

Included in other matters referred to by the Director herein are the "Chiropody Services;" "Meals for the Sick and Aged" which show an increase of 8,868 over those supplied during 1966, and action taken under Section 47 of the National Assistance Act, 1948.

My thanks are due to the City Water Engineer and Manager for the statistical data which he has provided for me and which appears at page 4.

To the City Analyst my thanks are also extended for the assistance which he and his staff provide in the analysis of samples which we send him from time to time.

The City Engineer has submitted a most interesting commentary page 0044 which deals with Main Drainage and Sewage Treatment for the City. He observes that assessment under certain generally accepted criteria, points to the sewerage system being deficient – primarily because of its liability to flooding even under stress of moderate rainfall. The Engineer enlarges upon the existing causes of overloading and the remedial measures envisaged and he follows with the ascertainment of priority actions.

Something of the considerable size of the problem is underlined by the spending of £2,118,000 upon main drainage schemes since 1959, with almost a further six million pounds for schemes now under consideration. The City Engineer to whom I am much indebted for his observations concludes with remarks upon future programming, trade effluents and sewage treatment.

To other Chief Officer colleagues and their staffs and to those Medical colleagues, Nursing and Auxiliary staffs who, working in hospitals or in general practice, have in any way supported or helped to further the work of my department during the year I express warm appreciation and thanks.

Dr. J. F. Galpine, Dr. J. E. Whitehead and Dr. F. M. Lanigan-Keefe, together with their respective staffs at Whitley Hospital, Public Health Laboratory and Special Clinic respectively, have been of persistent help in more specialised Public Health context during the year and my thanks and those of appropriate members of my staff are gladly tendered to them.

Mr. J. Leaver, Clerk to the Coventry Executive Council and Mr. London, Group 20 Hospital Management Secretary, together with his other Hospital Secretaries have, in conjunction with their respective staffs been of much help through close liaison during the year and I express appreciation to them.

My entire staff in the Health Department and in outstations at every level and in every position have responded magnificently throughout the year, as is their wont, to the many and increasing pressures which have beset them. I am most grateful to them all for the intentness of purpose which they bring to their numerous disciplines and indeed which a number bring within their own time also – in the interests of Coventry citizens.

In conjunction with my staff I extend to the Chairman and members of Health Committee our united thanks for their continuing interest and helpfulness towards the work which we undertake – on their behalf – in the interests of community health.

I am, My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

The Clayton.

MEDICAL OFFICER OF HEALTH

INFECTIOUS DISEASES 1967

Measles

During the year 2,960 cases were notified to the Health Department, a figure rather similar to that for each of the previous three years. The figures shown below clearly demonstrate the loss, during the past four years, of the previously characteristic biennial pattern of "measles years" alternating with "non-measles years".

1961	1962	1963	1964	1965	1966	1967
6,789	484	6,055	3,066	3,847	3,131	2,960

The infection was widespread throughout the City and as usual, children in the age range one to nine years were those mostly affected.

Although the Minister of Health did not, during the year, modify the advice given in Circular 6/66 namely that local health authorities should not make arrangements to offer vaccination against measles, it was known that he was awaiting the report of the Joint Committee on Vaccination on this subject with a view to advising local health authorities appropriately early in 1968.

Whooping Cough

The number of notified cases, 258, was slightly higher than that of the previous year. The epidemiology of this condition continues to present some puzzling features and the value of protective vaccines is at present under intensive consideration. In this latter connection this Health Department, along with many others, participated during the greater part of the year in a research project organised by the Central Public Health laboratory in Colindale; the results of this research are due to be published in 1968 and should elucidate many of the problems faced by those concerned to prevent the disease by vaccination.

Scarlet Fever

The incidence of scarlet fever continued to decline gradually, the number of cases notified being 130. No significant localised outbreak occurred and the cases were fairly evenly distributed through the City.

Diphtheria

It is pleasing to be able to report that no case of diphtheria was notified during the year and there is little doubt that the extremely rare occurrence of this disease nowadays is related closely to the policy of active immunisation which has been pursued in this country since the early 1940's. It cannot, however, be repeated too often that the need for immunisation is as great as ever, as it must be remembered that only a high index of herd immunity can keep the disease at bay.

Sentery

It is extremely disappointing to have to report a greatly increased incidence of Sonne dysentery during 1967. The number of cases notified or otherwise ascertained during the year was 623, the highest figure since 1952, as can be seen below.

This increased incidence was, to a certain extent a generalised phenomenon, the like of which can be observed from time to time in urban areas, but a substantial proportion of the cases arose directly or indirectly, in connection with an explosive outbreak affecting two schools, described below.

On the morning of 6th November 1967, the head teacher of a junior school telephoned the Health Department to say that he had sent home 12 children who had become ill shortly after 10 a.m., with fever and vomiting. Arrangements were made immediately for a health visitor to call at the school to advise generally on hygiene measures, and to leave faecal specimen containers for all the kitchen staff, although there was nothing, at that stage, to suggest a food-borne infection.

On the following day the head teacher telephoned to say that approximately half the pupils at his school were absent, and that the same state of affairs applied to the infants school, which is on the same site; it appeared, from reports of parents, that the children had developed gastro-intestinal symptoms during the small hours of that morning. The school was immediately visited by a senior member of the medical staff and the senior food and drugs inspector.

The clinical picture appeared to be that of fever and vomiting with, in addition, diarrhoea in a proportion of cases, and, following consultation with the Director of the Coventry Public Health Laboratory, it was decided that a proportion of the affected children be visited at home so that appropriate specimens could be taken for laboratory examination; these specimens were to be throat swabs for virus culture, and faeces for both virological and bacteriological examination, as it was felt that the clinical picture suggested a gastro-enteritis of virus origin.

On the morning of 20th November the laboratory telephoned to say that *Shigella Sonne* had been isolated from almost all the faecal specimens submitted so far. The condition although clearly a Sonne gastro-enteritis rather than a virus gastro enteritis did not present entirely the typical picture of the former disease. Arrangements were then made to visit a further sample of the children absent to find how extensive the Sonne infection was and these results showed that the same organism was present in most of the cases. Similarly a substantial number of positives were found among the kitchen staff and the teaching staff, although no-one in either group had suffered from gastro intestinal symptoms.

Appropriate preventive measures were implemented as soon as the diagnosis was clear. All positive food handlers were immediately excluded from work and food which they had prepared discarded. Other general

hygiene measures were employed, mainly the disinfection of toilet seats and the handles of cisterns, wash-basin taps and doors.

It is the practice in all Coventry schools for samples of the school meals eaten to be retained in a refrigerator for a period of at least twenty-four hours after the meal to allow laboratory examination following a suspected outbreak of food poisoning. In this particular instance laboratory examination did not reveal the presence of *Shigella Sonne* in any of the foodstuffs.

Following the weekend of 18th/19th November hardly any further cases occurred and the question then arose as to the period of exclusion of children who had been sent home with symptoms. The recommendations of the Ministry of Health in this respect were considered and applied as follows:—

A. CASES OR SYMPTOMLESS EXCRETORS

iii School Children:

“Exclusion until one negative specimen. If for some reason it is not practicable to carry out laboratory investigations it would be reasonable, provided treatment has been given, to re-admit the child after 14 days”.

A letter was sent to the parents of all children affected advising that the children could return to school on the 4th December provided they were well and had no continuing symptoms. At the same time this information was passed by telephone to all the general practitioners. No further cases were reported since that time.

It was difficult in these circumstances to be sure of the origin of the infection. The fact that nearly all the cases developed within a period of twenty-four to thirty-six hours was suggestive of food-borne infection and this view was supported by the presence of stool positives in the kitchen staff, but on the other hand, even by the use of special media the Public Health Laboratory were unable to grow the organism from any of the food samples.

Total number of children at both schools	.. ..	646
Total number of children affected by symptoms, about		320
Number of children with symptoms who had stool examination	.. .. .	137
Number of these who were positive	.. .. .	115
Number of adults (school staff) who had stool examination	.. .. .	64
Number of these who were positive	.. .. .	12

Paratyphoid Fever

On the 22nd September the Director of the Coventry Public Health Laboratory telephoned to say that *Salmonella Paratyphi* “A” had been isolated from the blood culture of a 30 year old Indian woman who

being investigated in Whitley Hospital for continued fever. The hospital was immediately visited and the patient interviewed as to her recent movements. It appeared that she had arrived in this country from India on the 4th September and that four days later she had developed unexplained fever. Her family doctor had admitted her to Whitley Hospital as a case of suspected malaria.

As this patient was obviously suffering from the "enteric" form of paratyphoid fever (rather than the gastrointestinal variety) it was likely that the incubation period had been within the region of 10-14 days and so it was fairly clear that the source of infection was in India and not in this country.

All close contacts were placed under surveillance for a period of 21 days from the date of the patient's admission to hospital and stool specimens from these contacts were sent to the Public Health Laboratory every four days during the surveillance period. No secondary cases occurred.

This lady's infection was acquired outside this country but this episode once more serves as a reminder that, in these days of rapid air transit, medical practitioners should carefully consider a patient's recent movements when presented with a case of unexplained fever or other unusual symptoms. This, of course, applies equally to those who have merely been abroad on holiday or for business reasons.

Poliomyelitis

On the 5th June a notification of a case of paralytic poliomyelitis was received from Whitley Hospital. The patient was a $2\frac{1}{2}$ year old girl who had fallen downstairs at home two weeks before and had subsequently appeared to have some difficulty in using her arms. Her parents naturally thought that this was the result of the fall but when she was admitted to the Coventry and Warwickshire Hospital for orthopaedic investigation it was decided that the likely diagnosis was mild paralytic poliomyelitis and she was accordingly transferred to Whitley Hospital.

As soon as the diagnosis was made, the child's family were visited so that a full history could be obtained and appropriate preventive action was taken, including the emergency administration of a single dose of oral polio vaccine to all children in the neighbourhood of the case, e.g. those living nearby and those attending the same day nursery as the patient. A letter was also sent to all doctors in the City asking them to be on the look-out for any suspicious cases. No further cases were reported.

The puzzling feature of this case was that the patient had previously received a full course of oral polio vaccine and thus should have been completely immune to poliomyelitis. In spite of exhaustive investigation at the Coventry Public Health Laboratory no evidence of infection by a polio virus could be detected although Herpes Simplex virus was subsequently isolated from her throat and Coxsackie A.16 virus from her faeces. The most reasonable explanation of this occurrence is that the patient was, in

fact, suffering from "clinical" paralytic poliomyelitis but that this was not caused by the polio virus which is the usual cause (and protection against which is given by polio vaccine). It is possible that the Cocksackie A.16 virus or the Herpes Simplex virus could have caused the condition, especially the former, but it is not possible to give a firm opinion on this.

Food Poisoning

During the year, 24 cases of food poisoning were notified or otherwise ascertained. Six of these cases were persons involved in one of two family outbreaks in which the responsible organisms were respectively *S. Typhimurium* or *S. Stanley*. The remainder were sporadic cases unrelated to one another in time or place.

S. Typhimurium was responsible for half of the total number of cases, the remainder being caused by *S. Stanley*, *S. Enteritidis*, *S. Bredeney*, *S. Virchow*, *S. Orianenberg* or *S. Dublin*. In no instance was the responsible organism isolated from any food stuff and so it was unfortunately impossible to pinpoint any particular source of infection.

Infective Hepatitis

The incidence of this condition was very much higher during 1966 than in the previous year, 208 cases compared with 115. The 1967 figure was, in fact, rather similar to the average for the three year period 1963-65 and so it may be that the 1966 incidence represented a limited break in the overall pattern. It would be unwise to speculate on the causes of this sort of fluctuation in view of the limited knowledge that epidemiologists have of this condition at present. Too many basic questions remain unanswered pending its being made generally, as opposed to locally notifiable.

Cases occurred in all areas of the City but there was an especially marked incidence in Henley Ward which had nearly half the total number. The age group 5-9 years was mainly affected but outside this the latter was fairly wide; for example, 40 persons over the age of 25 years suffered from the condition. No special seasonal prevalence was noted but there was a observable build-up of cases from July onwards, reaching a maximum at the end of the year.

VENEREAL DISEASES

Dr. F. M. Lanigan-O'Keefe has supplied me with the following data:—

During 1967 there were 1,497 new patients which was an increase of 103 on the figures for the previous year. Of these, 1,270 were resident in Coventry, 182 were County residents, and 45 were residents in other Counties.

The incidence of infectious Syphilis was 5 cases which is an increase of 1 on the previous year. The patients involved were all male, and of these 2 were infected locally and 3 elsewhere in Great Britain. The incidence of acute and latent cases involved 16 patients which was an increase of 9 on the previous year. These were divided into 4 Cardio-vascular – (1 Male, 3 Females), 2 Neuro-Syphilis – (both Male), 8 Latent – (5 Male, 3 Female) and 2 Congenital – (both Female).

The number of cases of Gonorrhoea showed a slight decrease on the figures for the previous year, but nevertheless give cause for concern. Post-pubertal infections were 329 of which 244 were Males and 85 Females. Of these, 247 were infected locally, 70 elsewhere in Great Britain, and 12 from abroad.

The nationality of new cases were as follows:—

United Kingdom Males	..	..	157	Females	75
Immigrants (coloured) Males	..	..	54	Females	3
Other European Males	..	..	33	Females	7

Of the new cases of Gonorrhoea there were 25 Males and 27 Females in the age group 13–19 years. Contact slips were issued to 192 patients which resulted in 69 patients – 13 Male and 56 Females attending who were found to be suffering from Gonorrhoea. The re-infection rate for the year 1967 involved 42 Males and 16 Females.

The remaining patients which total 1,147 include 327 Males with non-Gonococcal Urethritis including some 142 Trichomonas Infestations, cases of Reiters Disease, all males, 13 cases of Yaws which again included 3 school-children with active lesions.

Other conditions requiring treatment within the centre amounted to 3 patients, of whom 218 were males and 185 females. Patients not requiring treatment totalled 398, consisting of 303 Males and 95 Females. There was one case of Lymphogranuloma Venereum.

In conclusion, the total number of cases involved constitutes the highest figures since records were initiated in this Department in 1924.

TUBERCULOSIS

Live Register of Tuberculosis Patients

	Pulmonary Cases			Non Pulmonary Cases			Total Cases (All forms)	
	M.	F.	Total	M.	F.	Total	M.	F.
1. No. on Register at 1.1.1967	1,132	678	1,810	143	141	284	1,275	819
2. Cases notified (or otherwise coming to knowledge) in 1967	79	40	119	15	18	33	94	58
3. Cases restored to Register	5	3	8	-	1	1	5	4
4. Cases removed from Register 1967	172	111	283	9	10	19	181	121
5. No. on Register at 31.12.1967	1,044	610	1,654	149	150	299	1,193	760

Population

The Registrar General's estimate of population for mid 1967 was 3,880, an increase of 1,880.

Birth Rate

The number of births registered in Coventry during the years numbered 6,455 giving a birth rate of 19.33 a slight decrease compared with the rate for 1966 of 19.87, but still in excess of the National figure of 17.2.

General Death Rate

The number of deaths recorded as being assigned to the City during 1967 was 3,047 which gives a crude death rate of 9.1 per 1,000 population.

Infant Mortality

The number of deaths of infants (under one year of age) during 1967 was 143 giving an infant mortality rate of 22.1.

The infant mortality rate for England and Wales was 18.3 per 1,000 births.

Neo-Natal Mortality

The number of deaths of infants under four weeks of age was 88 giving a neo-natal mortality rate of 13.02. The comparable neo-natal mortality rate for 1966 was 14.7 per 1,000 live births.

Marriage Rate

The number of marriages solemnised in the City during the year was 165 of 16.1 per 1,000 population.

Maternal Mortality

One maternal death was recorded in the City during the year. The rate for 1961 was 1.0 per 1,000 live births.

MASS RADIOGRAPHY

This report constitutes the last in the series to be provided by D. A. Gordon-Evans, Director Mass Radiography (Coventry) because in future there will be no Unit based on this city and future requirements will derive from the Birmingham Unit.

The information in this report is somewhat contracted by comparison with previous years, but this is no doubt due to the transference of the Unit from Coventry and the consequent difficulties entailed in tabulating the results for the year in the detailed manner of preceding reports.

During 1967 our Caravan Unit continued to work over a wide area covering Coventry, Warwickshire and parts of Worcestershire. The total number of examinees was 56,502, of which some 36,843 were resident in the Coventry area.

Pulmonary Tuberculosis in the Area

The incidence has now dropped to 0.3 per thousand x-rays which is the lowest ever found in this area. We have prepared a table to cover 21 years work of the Unit which shows the fall in incidence, particularly from 1960 onwards. The incidence was increased during the years 1950-1954 owing to the General Practitioners' cases which we x-rayed at our home base at that time, but the incidence on purely mobile work from 1954 onwards showed a steady decrease. At the present time the number of cases of active pulmonary tuberculosis revealed is so small that it does not make a mobile Mass Radiography Unit working solely in this area an economic proposition. However, there is still a Mobile Unit in the Birmingham area which can do occasional surveys in the Coventry area when required and this should give adequate coverage.

Other Diseases

(a) *Pneumoconiosis*

As no surveys were carried out at collieries during the year 1967, only 9 cases of pneumoconiosis were discovered, all without progressive massive fibrosis.

(b) *Neoplasms*

25 cases of bronchial carcinoma were discovered, 24 of which were male, an increase on the previous year, and this is actually more than the amount of tubercle which we found.

(c) *Sarcoidosis*

Only 8 cases of sarcoidosis were discovered in 1967, 5 males and 3 females.

Other abnormalities

As usual a considerable number of other abnormalities were revealed including cardiac lesions. Some of these were residents of Homes for the elderly and this has inflated our cardiac abnormalities. Abnormalities were referred, when necessary, to General Practitioners and further advice is given by the hospital services when required.

During 1967 some 36,843 Coventry residents attended the mass X-ray unit and a summary of the results is given below.

Assessment of Tuberculosis revealed

No. attended	..	..	..	..	..	..	36,843
No. requiring occasional supervision	..	..	..	..	..	..	17
No. requiring close supervision or treatment	..	..	..	..	..	..	5
Tubercule Bacilli present	..	..	..	..	..	..	1

Anti-tuberculosis abnormalities and their disposal

Referred to Clinic or Hospital	..	..	..	..	..	..	65
Others	..	..	..	..	..	..	436
Total	..	..	..	..	..	..	501

Conclusion

The Unit has worked satisfactorily throughout its last year with a minimum of technical failure.

I should like to thank Managements of both large and small firms for their co-operation during the past 20 years and for their kindness to my staff whilst they were with them, the Medical Officers of Health who have given us every assistance, and the Chest Physicians in the areas concerned.

I should like to thank Mr. E. D. East, my Organising Secretary, who has been with the Unit since its commencement, and the staff of the Unit for their work and the excellent relations which they have had with the general public with whom they were constantly in contact.

COVENTRY MASS RADIOGRAPHY SERVICE FROM INCEPTION 1947, TO CLOSURE 1967

Table showing number of persons x-rayed each year, divided male and female; number of active cases of pulmonary tuberculosis discovered each year and the incidence per 1,000

Year	Total Number x-rayed			Active P.T.B. Total	Incidence per 1,000
	Male	Female	Total		
1947	17,163	5,849	23,012	83	3.6
1948	24,165	10,203	34,368	125	3.6
1949	19,635	8,283	27,918	110	3.9
1950	17,533	11,333	28,866	154	5.3
1951	28,936	11,714	40,650	212	5.2
1952	30,991	14,478	45,469	295	6.5
1953	33,686	20,388	54,074	259	4.8
1954	37,434	20,260	57,694	205	3.5
1955	31,060	19,745	50,805	114	2.2
1956	33,710	18,972	52,682	115	2.2
1957	38,160	24,138	62,298	78	1.3
1958	30,372	18,444	48,816	45	0.9
1959	29,888	15,539	45,427	73	1.6
1960	42,337	22,430	64,767	60	0.9
1961	44,713	23,874	68,587	46	0.7
1962	37,909	23,580	61,489	53	0.9
1963	40,227	18,692	58,919	41	0.7
1964	37,391	16,497	53,888	36	0.7
1965	33,693	19,817	53,510	28	0.5
1966	39,372	18,486	57,858	36	0.6
1967	36,931	19,571	56,502	14	0.3
Total	685,306	362,293	1,047,599	2,184	2.1

COVENTRY PUBLIC HEALTH LABORATORY SERVICE

Dr. J. E. Whitehead has provided me with the following commentary:—

In previous years laboratory studies have disclosed periods of increased prevalence of specific virus infections in the community at various times during the year. In 1967, it was not until the last two weeks of the year that Influenza A.2 virus made a brief appearance, in a year which until then had passed without an epidemic of viral disease being evident from laboratory findings. The strains of influenza virus isolated in Coventry were submitted to the Reference centre for Influenza Viruses for the U.K. where they were compared with those isolated from other parts of the country. They were found to be identical and to show no change in type from the influenza viruses of 1965-66. Standard influenza vaccines could therefore be expected to afford a reasonable measure of protection against them.

Although no isolation of a "wild" strain of poliovirus was made and despite the apparent absence of a seasonal prevalence of any other type of virus, there were nevertheless many isolations of miscellaneous viruses from sporadic cases and from household outbreaks. "Hand, foot and mouth" disease was again encountered and demonstrated to be due to Coxsackie A16 virus and mumps virus also again gave rise to a few cases of meningitis, none fatal. More perplexing, however, was a solitary case of mild paralytic poliomyelitis in a schoolgirl in whom, despite exhaustive tests, no evidence of infection by a poliovirus could be detected. The only positive finding which has emerged from the investigations, which are still being pursued, has been the recovery of Herpes simplex virus from her throat. Infections by this virus ordinarily take the form of blisters or "cold sores" about the mouth and lips, but occasionally the virus may invade the body more deeply and involve the brain. When this occurs the disease picture is one of encephalitis, with drowsiness, fits and coma. Three cases of encephalitis, two of which were fatal, were encountered during the year in the City: Herpes simplex infection was demonstrated in two of them. Studies in Oxford and Edinburgh have shown that infections by this virus are tending to occur later in childhood than previously the case, possibly due to the lessened opportunities for infection afforded by better environmental hygiene. It may be that with poliovirus, as with poliovirus, first infections in the older age groups are more likely to result in the severer forms of disease.

The preliminary investigations, reported last year, on the immunity of contact mothers to rubella have been continued and extended as part of a collaborative investigation with five laboratories of the Public Health Laboratory Service elsewhere in England and Wales. The results show that about 90% of such women already possessed antibodies to the virus irrespective of whether or not they recollected having had the disease, suggesting that in many the immunising infection passed unrecognised as with measles. Further, it is becoming clear that, outside periods of

epidemic prevalence, cases of illness and rash occur which are diagnosed on valid clinical grounds as rubella, in which no laboratory evidence of infection by rubella virus is demonstrable. These results are reassuring for expectant mothers as a group, in that the risk to the unborn child through contact with a case of german measles is low, but the problem remains to detect and protect the non-immune mother exposed to the virus.

Confirmation of the diagnosis of rubella is now possible by isolation of the virus, but because the virus grows slowly this may take 7-10 days from receipt of the specimen. Measurement of antibodies in the blood of the exposed mother is becoming, through some recent advances in laboratory methods, practicable on an increasing scale and, by the newer methods, results should be available in 2-3 days instead of 6-7 days as formerly. Effective protection of the mother without antibodies awaits the development of a potent and safe vaccine. In the meanwhile gamma globulin is given, but the degree of protection afforded by this procedure has hitherto been impossible to assess accurately. An evaluation of its usefulness with the help of laboratory tests is currently in progress.

The role of respiratory viruses in the causation of spasmodic cough in children, which can be mistaken for whooping-cough, has formed part of a large-scale investigation carried out jointly by laboratories and health departments in a number of cities into the efficacy of vaccination against whooping-cough. Coventry was one of the centres invited to participate. The survey involved the collection by the health visitors and the examination by the laboratory of large numbers of specimens from children throughout a period of 12 months. Significant numbers of viruses and whooping-cough bacilli were isolated and the results are at present in the process of being analysed statistically for the country as a whole.

NATIONAL HEALTH SERVICE ACT 1948-1967

The following "diary" is not complete, but it does give some idea of material progress in many Coventry Health Department provisions since 1948.

- 1948 Preparation of schemes under Section 22 to 29 and also 51 of the National Health Service Act.
 Re-organisation of Health Department staff to undertake the above work (as also that under the National Assistance Act).
 Direct provision of Home Nursing Service transferred from Voluntary organisation.
 City Ambulance Depot transferred from Abbots Lane to premises of Hospital Saturday Fund (Section 27) – temporary, part agency arrangements.
 Plans for Junior Occupation Centre sent to Ministry of Health for approval (Section 51).
- 1949 8, Park Road, approved as key Training Home for District Nurses (Section 25) "Meals on Wheels" Service provided by Local Health Authority on 25th July, for up to 100 meals daily (Section 28, National Health Service Act).
 Health Visiting Follow-up of Accidents occurring in the Home instituted (Sections 24 and 28).
- 1950 "Contact Clinic" for child contacts of tuberculosis persons instituted at Gulson Road Clinic (Section 28).
 Extensions to Queen Phillipa Day Nursery – 15 additional places (Section 22).
 Opening of Sessional Maternity and Child Welfare Clinic, Whoberley (Section 22).
- 1951 Ambulance Service: Radio-telecommunications Service installed (Section 27).
 Building commenced on Monks Park Day Nursery (Section 22).
- 1952 Maternity and Child Welfare Sessional Clinic, Bell Green Community Centre (Section 22).
 Opening of Burns Road Occupation Centre (for 60 mentally handicapped) (Section 51).
- 1953 Pilot Scheme commenced in Cheylesmore area for initial amalgamation of Maternity and Child Welfare and School Health Medical and Nursing Services (1st January).
 Monks Park Day Nursery opened January (Section 22).
- 1954 Extension of "Amalgamation Scheme" (see 1953).
 Sessional Maternity and Child Welfare Clinic opened, Windmill Road (Section 22).
 Broad Street Joint Maternity and Child Welfare and School Health Clinic in advanced state of building (Section 22).
 B.C.G. Vaccination arrangements approved (7th February, 1954) by Ministry of Health (Section 28).

- 1955 Papenham Green Day Nursery opened, April 13th (Section 22).
 "Amalgamation Scheme" completed for Medical and Nursing Staff.
 Broad Street Joint Maternity and Child Welfare and School Health Clinic opened (Section 22).
 Opening of a Sessional Maternity and Child Welfare Clinic at St Barbara's Church Hall, Earlsdon (Section 22).
 Partial decentralisation of Home Helps Service to Bell Green and Holbrooks areas respectively (Section 29).
- 1956 Occupational Therapy Service commenced for domiciliary tuberculosis patients (Section 28).
 Tile Hill Joint Maternity and Child Welfare and School Health Clinic opened (Section 22).
 Poliomyelitis Immunisation Scheme started in Coventry (Section 26).
 Introduction of two weeks Training Course for Trainee Home Helps (Section 29).
 Sessional Maternity and Child Welfare Clinic, Willenhall, opened (Section 22).
- 1957 Ad hoc transport provision, Home Nursing Service (Section 25).
 Extension of further decentralisation plans envisaged for Home Helps to Wyken and Tile Hill (Section 29).
 Opening of Yardley Street Occupation Centre (Section 51).
 Anti-Poliomyelitis Immunisation Scheme continued in line with available supplies of vaccine (Section 26).
 Health and Welfare Services Handbook prepared and issued in conjunction with Public Relations Department.
- 1958 General Practitioner Suites opened to complete Tile Hill Health Centre project (Section 21).
 Stoke Aldermoor Maternity and Child Welfare Clinic – building commenced (Section 22).
 Torrington Avenue Adult Training Centre (120 places) – building commenced December.
- 1959 Stoke Aldermoor Maternity and Child Welfare Clinic completed and officially opened on 25th June, 1959 (Section 22).
 New Torrington Avenue Adult Training Centre nearing completion by the turn of the year (Section 28).
 P.S.W. arrangement at Tile Hill Health Centre, December 1959.
- 1960 New Coundon Maternity and Child Welfare Centre opened (Section 22).
 Opening of Coventry (Public Health) Senior Training Centre Torrington Avenue (Section 28).
 Work commenced on new Maternity and Child Welfare Centre, Bell Green.
 Mental Health proposals approved by Minister of Health (Section 28).
- 1961 New Maternity and Child Welfare Clinic brought into use at Bell Green on 2nd October, 1961 (Section 22).
 Extension to Burns Road Training Centre (20 places), opened 2nd October 1961 (Section 28).

- 1962 Short Stay Home (pilot scheme) opened for present maximum of three subnormal children (Section 28).
 Negotiations proceeding for opening of interim Special Care Unit (25 places) for severely mentally/physically subnormal children (Section 28).
- 1963 Work began at Torrington Avenue on construction of Adult Hostel (50 places) and Sheltered Workshops (100 places) for Adult subnormals (Section 28).
 Work started on two replacement day nurseries at Bell Green and Tile Hill respectively (Section 22).
 Special Care Unit (25 places) for severely mentally/physically subnormal children opened 8th January (Section 28).
- 1964 Torrington House Hostels (25 Male; 25 Female places) and Sheltered Workshops (100 places) opened 14th September, 1964 (Section 28).
- 1965 Bell Green and Tile Hill Day Nurseries, respectively, completed and opened.
 Finham and Eastern Green Clinics taken over from Warwickshire County Council.
 Brownhill Green Child Health Clinic opened.
 Atholl Road Child Health Clinic opened.
 New Junior Training Centre/Special Care Unit/Short Stay Home (total 55 places) under construction at Henley Road, Bell Green.
 Psychiatric Social Club commenced at Queen's Road Baptist Church Hall (Section 28); Group Home for Psychiatric Aftercare – this for up to four adult females at Blackwatch Road (Section 28).
- 1966 Cervical Cytology Service instituted at Gulson Road, Tile Hill and Bell Green Family Health Centres.
- 1967 Completion of New Ambulance Station and Development of New Telecommunication Equipment (Section 27).
 Windmill Road Day Nursery renovated and reopened 1st April (Section 22).
 New Training Centre/Special Care Unit/Short Stay Home (55 places) completed and opened on 20th June (Section 28).
 Child Health Clinic in New Municipal Multipurpose Building opened at Jubilee Crescent on 8th November (Section 22).

MATERNITY AND CHILD WELFARE SERVICES

The service was maintained during the year despite serious shortages of salaried medical staff. General practitioners and other doctors were used increasingly on a sessional basis but occasionally, particularly during holiday periods or in sudden illness, it was not possible to provide a doctor. If the lack of available doctor is known about one week ahead the computer appointments can be deferred, but at shorter notice the appointments will have been sent out and the mothers will attend to no purpose. It is not yet possible to comment on whether the computerization of immunisation appointments has increased the number of completed courses as the final stages covering all clinics was only achieved during 1967.

The total numbers of attendances at Child Health Clinics was slightly down as was the number of live births (147 less than 1966).

The Jubilee Crescent Community Services building was occupied during the year – a new concept of a multi-purpose Local Authority building in which the Health Department has a small suite of consulting rooms and waiting area for its sole use, but also uses the communal waiting area at sessions where the numbers are large. The opening of this clinic allowed the use of one of the more unsuitable church halls to be discontinued but owing to the shortage of medical staff it was not possible to increase the number of sessions as envisaged, so overcrowding has caused inconvenience.

The Maternity Hospital and General Practitioner Unit functioned for their first complete year in 1967. As expected an increasing proportion of women are now being confined in hospital and 70% has been reached. The domiciliary midwives attended correspondingly fewer confinements but with the pattern of hospital discharge at about one week they are involved in visits to almost all women in the City who have babies.

In order to advise on suitability of homes for discharge domiciliary midwives are visiting the hospital wards daily. This co-ordination is one step on the way to a better integration of the maternity services, and the fact that many general practitioners are also visiting and attending their patients in the hospital (albeit in their own unit) must be helpful towards removing the rigid barriers of the much deplored tripartite system.

Domiciliary midwifery establishment has been reduced slightly as resignations and retirements have occurred but there is still a need for a relatively large service for visiting early discharges, following clinic consultations, attending general practitioner ante natal clinics, holding mothercraft classes, and reporting on social conditions, in addition to the 300 of confinements which are domiciliary.

The implications of the Family Planning Act have been under discussion but there have been no changes in the Local Authority service already operating during 1967. The leasing of premises without cost to the Family Planning Association has been extended by a further two weeks sessions.

CONGENITAL DEFECTS APPARENT AT BIRTH

In the first full year that the majority of births took place within the city, and thus notifications were made direct, the number was 94 (91 notifications and transfers in 1966); 25 were stillborn or died very early. The ratio of 14.35 per 1,000 total births compares with 14 per 1,000 in 1966, but may be due to more complete notification than to actual increase. In fact, as the national average figure is in the region of 19 per 1,000 it is likely that there is under notification. This is borne out by the fact that stillbirths or deaths were registered from conditions which are quite apparent at birth but which were not notified. This system of notification, while it may be useful for statistical purposes and to note trends which might point to another situation like the thalidomide tragedy, is from the Local Authority point of view surpassed in usefulness by the observation and handicap registers, which cover all handicaps, those present at birth, but not then apparent, or those that develop.

Defects notified in 1967 compared to 1966 (in parentheses)

Anencephaly	..	..	..	..	..	9	(6)
Hydrocephaly/spina bifida/meningocele	..					18	(19)
Oesophageal atresia/tracheo-oesophageal fistule						4	(-)
Talipes	..	..	..	..	..	14	(24)
Digital abnormalities	..	..	..	..	..	12	(7)
Mongolism	..	..	..	..	..	3	(4)
Cleft lip/palate	..	..	..	..	..	6	(5)
Congenital dislocation of hip	..	..	..	..	..	4	(1)
Defects of sex organs	..	..	..	..	..	6	(4)
Other major defects	..	..	..	..	..	7	(8)
Other minor defects	..	..	..	..	..	11	(12)

DAY NURSERIES AND CHILD-MINDING

The rebuilding of Windmill Road Nursery was completed and the wartime Wyken Nursery finally evacuated. The new nursery has a complement of 40 as against 36 in the old but apart from this small increase there has been no change in the day nursery provision.

The raising of charges in November has slackened the demand slightly. Undoubtedly some people are reluctant to declare incomes for assessment and others are not willing to pay £3 a week even if they are considered able to do this according to the Council's scale.

A particular group which gives rise to concern among Health Visitors and other social workers is the one in which the child would benefit either because of a slight handicap or inadequate parents or homes. Some of these could be persuaded by pay 30/- a week for the benefit of their child but tended to withdraw their children when fees were raised. This is usually the type of case where the father is not willing to be assessed because he realises his income will not allow for much reduction in fees.

The increase in applications for registration as child-minders is probably related to the increased day nursery charges. Formerly at £2 to £2.10s.0d. per week, they were more expensive than Corporation nurseries, now they are cheaper. However, almost all registrations are for small family groups and cover five children, including the minder's family. They are, in the main, satisfactory but it is still the unknown number of non registered minders which is the problem. Health visitors constantly report those they discover and warnings are issued if not suitable for registration but they cannot be prevented from taking two children and many of them slip in more.

The Play Group movement continued to expand. Some have reached a high standard and though the Supervisor's time is largely taken up with considering new registrations, she is able to advise those groups which ask for help or where she feels continued support is necessary.

Contact with other workers in the field is maintained through the Coventry Nursery Association which arranges meetings open to staff of day nurseries, nursery classes and play groups. Both nursery class and day nursery staff have also helped by allowing observation visits for potential play group personnel. Out of a class of 29 nursery students, 23 passed who were Health Department employees, 26 sat the examination and 3 were deferred for six months. All 26 passed and 8 were appointed staff nurse nurses though this did not fill all the vacancies. There are increasing numbers of nursery nurses required in nursery classes and the short hours prove an attraction not offered by day nursery shifts of 7.30-4.00 or 9.30-6.00. The overall staff shortage, which at times becomes critical, is undoubtedly related to the awkward hours and rates of pay which are often less than those offered in other jobs for which no training is required.

A few staff are recruited from those who return after a period of absence to bring up a family. A course of training for mature women is

those being organised for other professions would no doubt help staffing difficulties but so far the N.N.E.B., though they have recognised pilot schemes, have made no general pronouncement. The lack of applications for senior staff vacancies gives rise to particular concern especially in view of the fact that some recruited during the early days of nurseries are reaching retiring age and there will be several vacancies in the next few years.

Day Nurseries

Summary of Attendances

From 1st January-31st December, 1967

Day Nursery	Number of Places	Attendances		Total Attendance
		Age 0-2 yrs.	Age 2-5 yrs.	
Foleshill	70	7,210	7,548	14,758
Stoke Green	55	3,254	6,517	9,771
Queen Phillipa	54	4,022	4,144	8,166
Boole Road	40	2,818	5,653	8,471
Monk's Park	50	3,703	5,288	8,991
File Hill	50	4,920	5,718	10,638
Capenharn Green	50	3,896	5,936	9,832
Well Green	50	1,697	7,941	9,638
Vyken (closed 1/4/67)	36	272	425	697
Windmill Road (opened 1/4/67)	40	2,660	1,649	4,309
	455 to 1/4/67 459 from 1/4/67	3,4452	50,819	85,271

Number of days open 243. Attendance Percentage 77%.

CERVICAL CYTOLOGY

On 1st April, when the national scheme of record keeping and extension of laboratory facilities to general practitioners came into operation, the age limit was reduced to 35. There were then three weekly clinics involving about 100 women. Response, as in the first year of the service for older women, was disappointing. Though the numbers receiving the service from general practitioners, hospitals and family planning clinics is unknown, the estimated percentage of women in the appropriate age groups attending local authority clinics was less than 10%. This can hardly be considered satisfactory. By the time press publicity brought a renewal of applications, there was a serious shortage of medical staffs and one clinic which had been closed in August due to lack of demand, could not be reopened. Waiting lists have risen to eight weeks, but this still means that a small proportion is applying. On the other hand it would be useless to have a big publicity campaign and be quite unable to meet demands. It is significant that as the availability of laboratory technicians has increased, the possibility of getting smears taken has decreased.

Results show that even the limited service is worth while. 3,102 cases were seen and 37 reported positive (1.19%).

Ages of positive Cases and Deaths from Female Cancers 1967

		Deaths from			
	Positive Smear	Ca	Cervix	Uterus	Breast
Under 35	None taken	1	—		1
35-39	6	2	—		3
40-44	11	3	—		4
45-49	10	1	1		3
50-54	7	3	1		8
55-59	3	1	1		6
60-64	} Few taken	1	—		12
65-70		4	—		8
Over 70		1	2		18
		37	17	5	63

Supply of Welfare Foods

National Welfare Foods, dried milk from a selected list and other suitable preparations are stocked at Child Health Clinics either for sale or if the need is proved for free issue.

During the year sales to the value of £36,922.19s. 5d. were made at various centres.

Sale of National Welfare Foods at all clinics during 1967.

National Dried Milk	..	..	..	..	..	74,099
Orange Juice (bottles)	..	..	..	..	..	102,782
Vitamin Tablets	..	..	..	..	..	5,621
Cod Liver Oil	..	..	..	..	..	5,546

Provision of Nursing Equipment

A stock of Maternity Outfits is held in the Health Department to supply the needs of expectant mothers who are to be confined at home.

A recommendation signed by the midwife or doctor is required before issue.

A varied stock of sick room appliances, which is added to each year as more appliances come on the market, is held in the Health Department to supply on loan to sick persons being nursed at home.

This worthwhile service is greatly appreciated by both the patients and their relatives. During 1967 over 8,500 articles were loaned under this service.

DENTAL DEPARTMENT
M. & C.W. TREATMENT
Year ending December 31st, 1967

Nearly the whole of the work of the Dental Department is concerned with children of school age, and only 3.7% of treatment carried out is for pre-school children and expectant and nursing mothers. The M. & C.W. figures however do show a small increase on the previous year, inspection attendances amounting to 870 compared with 692, and attendances for treatment being 843 compared with 745.

As part of the programme of Dental Health Education a considerable time is spent by the part-time Dental Hygienist and the Dental Auxiliary instructing mothers who attend M. & C.W. clinics on the subject of dental and oral hygiene, and a total of 75 half day sessions were devoted to this during the year.

Number of Cases

1967	Number examined during the year	Number who commenced treatment during the year	Number of courses of treatment completed during the year
Children under five years of age not eligible for School Dental Service ..	793	478	449
Expectant and nursing mothers ..	77	65	40

Dental Treatment Provided

1967	Scaling and gum treatments	Fillings	Teeth otherwise conserved	Ex-tractions	General Anaesthetics	Dentures provided	Radio-graphs
Children under five years of age and not eligible for School Dental Service ..	5	344	46	960	363	—	1
Expectant and nursing mothers ..	11	134	—	95	16	26	5

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

Arrangements for the provision of accommodation for unmarried expectant mothers and subsequently of mothers and their babies, including an agency arrangement, with the Committee of St. Faith's Shelter, County. During 1967, 79 mothers and 69 babies were accommodated in this shelter and for whose care and maintenance the Local Health Authority accepted financial responsibility.

Additionally the Health Committee has accepted responsibility for the maintenance of 32 unmarried mothers and their expected children in establishments away from the city where there were special circumstances.

	1961	1962	1963	1964	1965	1966	1967
Live Births:—							
Legitimate	5,889	6,042	6,068	5,877	6,120	6,020	5,800
Illegitimate	380	462	526	485	503	561	580
Total	6,269	6,504	6,594	6,362	6,623	6,581	6,380
% of illegitimate Births to total live births	6.06%	7.10%	8.66%	8.25%	7.6%	8.52%	9.07%

MIDWIFERY SERVICE

Since my previous report legislation now before Parliament which has passed will legalise the position of the domiciliary midwife conducting deliveries in hospital as and when the occasion arises.

Attachment of domiciliary midwives on a sessional basis to general practitioners' ante-natal clinics is working amicably as the majority of hospital booked patients receive ante-natal care from their own doctors and until the last four weeks of pregnancy. These patients derive confidence from the knowledge that they are assured of continuity of care on discharge from hospital.

Early discharges from hospital still create problems due to lack of domestic help.

It is hoped during the next year to arrange an in-service training programme for our domiciliary midwives.

Staff in post

2 supervisors; 43 midwives; 3 midwives retired.

The appointment of one midwife was terminated as she chose to reside in an area already fully staffed.

Maternity leave was granted to six midwives.

at Graduate Courses

One supervisor and seven midwives attended.

One supervisor and two district midwives attended a symposium on anaesthesia at "College of Obstetricians" in London.

Summary of Statistics for 1966 and 1967

	1966	1967
total deliveries	2,429	1,927
doctor present	169	353
doctor not present	2,260	1,574
patients booked for home but transferred to hospital in labour	374	—
number of visits made by midwives:—		
Ante-natal	29,093	24,691
Nursings	46,870	36,585
Special visits (inc. assessments of homes for confinement)	4,925	5,224
Hospital discharge visits	13,308	15,455
patients Discharged from Hospital:—		
10th–14th day	494	407
5th–9th day	2,256	3,366
1st–4th day	1,253	954
requests for Medical Aid	607	482
number of times Analgesia used	1,991	1,557
patients attended by domiciliary midwives:—		
Ante-natal booking clinics at L.A. clinics	962	976
Ante-natal clinics, including G.P. clinics at L.A. clinics, and G.P. clinics at their surgeries	840	886
anaesthesia and relaxation classes	999	943
doctor's classes	12	12

HEALTH VISITORS

Tabulation of Work 1967

Visits

Ante-natal	15,214	1,0
Children born 1967	11,539	50,2
1966	23,532	
1962-65		3,1
Cases of infectious disease		8,8
Special cases and problem families		5,3
Other social workers		1,4
General practitioners		
Home Conditions report (rehousing)		13,7
Ineffective		1,1
Surveys		1,1
Health education talks		1,1
Handicapped children		
Persons aged 65 and over		2,1
Mentally disordered persons		
Discharges from hospital		4,1
Head teachers		5,1
School children following routine medical inspections and routine hygiene inspections		2,1
Phenylketonuria tests		
First visits to notified pulmonary tuberculosis cases		
First visits to notified non-pulmonary tuberculosis cases		
Revisits to tuberculosis cases		
B.C.G. follow up		

Attendances at clinics and schools

Child health clinics, etc.	8
School health service	7
Chest clinics	
B.C.G. clinics	
Number of V.D. follow-up visits	

Comparison of the figures on the tabulations of work for 1966 and 1967 reveals some interesting features.

The number of visits paid to ante-natal cases has increased by 100. These ante-natal visits serve two important functions: the visitor is able to help the mother to prepare for her baby physically and emotionally and practically, and the mother-to-be gets to know the visitor. The relationship is thus already formed before the baby is born.

There was a considerable increase in visits to children of 0-5 years and the cases of infectious diseases followed up were more than double.

Visits to special cases and problem families show an increase of over 100, and contact with other social workers has more than doubled. This is an encouraging sign, and indicates that the co-operation between the statutory and voluntary services has improved greatly.

The number of visits paid to general practitioners has increased by approximately 500 during 1967.

14 general practitioners were visited regularly.

15 general practitioners were visited when occasion demanded.

2 well baby clinics were held once a fortnight at the doctors' surgery.

1 well baby clinic was held once a week at the doctors' surgery.

Frequent contact and co-operation was maintained between health visitors and doctors in the Tile Hill Centre group.

There are four general practitioners who visit clinics to see the health visitors, and there are two doctors' practices which hold ante-natal clinics on our premises and contact the health visitors then. The majority of the remainder of the general practitioners approach the health visitor, or she approaches them, when the need arises.

However this is not as satisfactory as we would wish, as there are still some general practitioners who seem not to prefer reasonably frequent liaison with us, and others with whom, so it seems, that co-operation could be improved.

Our health visitors too, were engaged in the national whooping cough survey, which finished at the end of March. The results of this survey are looked forward to with interest.

Health education talks increased by some 80 sessions. These have included preparation for parenthood, the Duke of Edinburgh award, courses in schools, with voluntary organisations, Girl Guides, St. John Ambulance, Women's Institutes, Townswomen's Guilds, etc.

There has been some increase in the visiting of patients aged 65 and over. This in particular is due to the lists sent to us by the medical social worker each week, showing the elderly persons discharged from hospital.

There is also an increase in visits to head teachers, and we trust that this is a sign of good co-operation.

Regular visits are made by several of the senior health visitors to all the hospitals in the city where there are children's wards. We also get particularly helpful co-operation from the new Walsgrave Maternity Hospital. Two regular visits are made each week to all the wards here, including the special care unit. The information obtained is passed on to the health visitors concerned, and is of particular importance to them when the first visit is made to a home after a birth notification.

Many of the staff of the Walsgrave Hospital show lively interest in the work of the health visitor and how it relates to our care of the babies and mothers after they are discharged from the wards.

The tuberculosis visitors have carried out their work with their usual efficiency and understanding of the many problems that this condition brings. Some of these visits are shared by the area health visitors.

HOME ACCIDENTS 1967

			0-5	6-49	Over 50	Total
			years	years	years	
(1)	Burns and scalds	.. ..	72	67	6	145
(2)	Cuts and bruises	.. ..	77	58	15	150
(3)	Strains and sprains	.. ..	3	15	3	21
(4)	Poisoning	.. ..	72	6	2	80
(5)	Head injuries	.. ..	46	17	3	66
(6)	Swallowed foreign bodies	.. ..	39	31	2	72
(7)	Fractures	.. ..	19	13	14	46
(8)	Puncture wounds	.. ..	—	10	1	11
(9)	Miscellaneous	.. ..	2	—	3	5
			330	217	49	596

The number of accidents in the home investigated by the health visitors has increased this year due mostly to the improvement in notification of cases treated in the casualty department of the local hospital. We are grateful for this co-operation.

There are one or two points of interest. In number (4) category poisoning – 66 of the 72 under 5 years were actually under two years of age, and the type of poisoning varied from drinking paraffin to eating medicinal tablets.

Four of the adults between the ages of 6 to 49 years were overcome by poisonous fumes from gas, coke or paraffin, and 4 deaths occurred in this category from either coal gas or carbon dioxide poisoning.

Puncture wounds from nails and sharp instruments were only sustained by the young people.

Fractures were the cause of death to three elderly people. One with a skull fracture and the other two died from complications following fractures of the leg.

The health visitors and everyone else must encourage safety in homes. More accidents in the homes are fatal than accidents on the roads.

STUDENT TRAINING 1967

During the year student nurses and social workers from a number of colleges, hospitals and other training establishments, attended the Health Department and accompanied certain health visitors on various days of their duty rounds: at clinics and for related instructional requirements.

The following is a tabulation of students and the sessions involved:

Students	No.	Sessions
Nurses in General Training:—		
Gulson Hospital	30	
Coventry & Warwickshire Hospital	45	

Coventry School of Nursing	..	..	..	20	40
District Nurses	..	..	..	3	6
Health Workers' Courses:—					
Lanchester College	..	..	..	2	40
Student Teachers:—					
Coventry College of Education	..	..	..	2	6
Psychiatric Nursing:—					
Central Hospital	..	..	..	1	2
				<hr/> 103	<hr/> 244
				<hr/>	<hr/>

STAFF CHANGES 1967

Three health visitors left the staff to go to other parts of the world – one went to Spain, one to Australia and one to Germany.

Three health visitors left to have babies.

One health visitor retired.

One health visitor went as a centre superintendent in a London borough, and one went as a health tutor for nursery nurses in Birmingham.

One health visitor moved away for domestic reasons.

The above was a loss of the equivalent of nine full-time health visitors.

Two school nurses retired – the equivalent of one and a half full-time school nurses.

Two health visitors joined the staff from other parts of the country.

One health visitor returned to us after leaving to have a family, and a part-time health visitor became full-time.

This was a gain of the equivalent of three and a half full-time health visitors.

Seven health visitor students successfully completed the course in September 1967.

Six students commenced the health visitors' course in September.

Four clinic nurses were appointed to replace four who left.

One was appointed to replace a school nurse who retired.

One was appointed temporarily to do the work of a clinic nurse who is sick and has been for some time.

COURSES 1967

Once again, we were able to send 14 members of staff on refresher and Special Courses. It is indeed encouraging to know that the Health Committee fully appreciate the value of these arrangements, supports them and

thereby equips our staff to be knowledgeable about contemporary trends and progress in the disciplines which they practice.

Three attended refresher courses at Cheltenham College.

Two attended refresher courses at Liverpool University.

Two attended refresher courses at London University.

Two attended the health education course at Bangor University.

One attended the family psychiatry course at Ipswich Institute

Psychiatry.

Four attended the audiology course at London University.

HOME NURSING SERVICE

ANNUAL REPORT FOR YEAR ENDED 31st DECEMBER, 1967

Number of patients on books, 1st January, 1967	..	1,337
Number of patients on books, 31st December, 1967		1,360
Number of new patients during year	.. ..	5,715
Number of patients nursed during year	.. ..	7,052
Total number of day visits during year	.. ..	224,714
Total number of night visits during year	.. ..	3,970
Total number of supervisory visits during year	.. ..	859
New cases were referred by:		
Doctors	.. ..	3,472
Hospitals	.. ..	1,666
P.H.D.	.. ..	557
Results of treatment were as follows:		
Convalescent	.. ..	2,154
Relieved	.. ..	2,037
Hospital	.. ..	902
Died	.. ..	599
Analysis of types of cases nursed:		
Medical	.. ..	5,088
Surgical	.. ..	1,037
Maternal complications	.. ..	340
Children under 5	.. ..	450
Tuberculosis	.. ..	137

HOME NURSING SERVICE

STAFF ENGAGED AT 31st DECEMBER, 1967

Superintendent	.. ..	1
Assistant Superintendents	.. ..	2
Queen's Nurses, Full time	.. ..	31
Queen's Nurses, Part time	.. ..	7
Queen's Nurse Students	.. ..	3
S.R.N., Full time	.. ..	5
S.R.N., Part time	.. ..	6
S.E.N., Full time	.. ..	1

S.E.N., Part time	5
Nursing Orderly, Part time	1
Number of Students trained during year	4

Transport Provision at 31st December, 1967

Local Authority Cars	3
Privately owned cars	33
Privately owned scooters	6
Privately owned pedal cycles	18

Services available for incontinent patients

In addition to the Inco pad service, which has been operating for several years, patients who are ambulant and incontinent are now being supplied with Sani-pants with disposable linings. This facility is proving great comfort to the patients and valuable to relatives by reducing the amount of laundry and in conjunction with the inco pad service is fulfilling a very real need.

Disposable Equipment

Further additions have been made to the range of disposable equipment used by the Nursing Staff and now includes dressing towels and gloves thus enabling greater efficiency in treatments to be achieved.

Liaison with General Practitioners

There continues to be close liaison with General Practitioners where it is possible to achieve this, some practices, by reason of their geographical areas affording more close liaison opportunities than others. All District Nurses are encouraged to work as closely as possible with the general practitioner in order to achieve a good doctor/nurse relationship from which the patients derive benefit.

Transport

During the year more of the Nursing Staff have acquired cars and all applications for petrol allowances have been granted. This increased mobility of the Staff has proved most valuable in the allocation of the visits to patients and the travelling time conserved allows more time to be spent with patients for treatment and advice.

Equipment for Nursing care of Patients

These facilities now include Hydraulic Hoists for the lifting of heavy patients. The use of these has proved most beneficial to Staff and the patients' relatives by relieving the strain of constant lifting of heavy patients.

Also available are Alternating Pressure Pads for the prevention of pressure sores or to aid the healing of pressure sores. These have proved of great value in helping pressure sores to heal more quickly and in preventing their occurrence and have assisted in alleviating discomfort which patients would otherwise have suffered.

Liaison with High View Hospital

During the year one of the Assistant Superintendents commenced weekly visits to High View Hospital to gain information about patients shortly to be discharged to their homes thus enabling the District Nursing Staff to continue the rehabilitation of these patients in their own homes. Supervisory visits are paid regularly to these patients at home and reports of their progress since discharge can then be made available to the hospital staff. This is particularly valuable in the event of their re-admission. These visits are carried out in close co-operation with the Liaison Officer from the Welfare Department and an all round benefit appears to have been derived and many difficulties which were formerly encountered by all concerned do not now arise.

RECORD OF INJECTIONS GIVEN DURING 1967

Insulin 35,561; Neptal 6,784; Mersalyl 1,851; Lasix 409; Cytamen 8,898; Jectofer 2,421; Imferon 1,684; Anahaemin 298; Penicillin 8,467; Streptomycin 4,895; Viomycin 367; Terramycin 1; Ceporin 76; Lincocin 53; Kanamycin 10; Capreomycin 62; Strepolin 6; Myocrisin 21; Vitamin B 158; Vitamin K 55; Benerva 29; Folvite 6; Becosym 2; Ergometrine 4; Calcium Colloid 7; Cortico Gel 5; Colomycin 20; Bismuth 5; Piritin 2; Eucortone 4; Aminiphylline 52; Silbephylline 8; Anti influenza Vaccine 5; Testosterone 133; Durabolin 1,514; Progesterone 9; Primulot Depot 422; Depo Medrone 212; Moditen 22; Anti tetanus serum 7; Laevadosin 38; Phenobarbitone 32; Adrenalin 365; Atropine 5; Dronoran 36; Oestroform 53; Rheumajecta 379; Coliacron 275; Vasolastine 172; Hyoscine 2; D.E.M. 27; ACTH 4,411; Autogenous Vaccine 4; Dixogin 1; G.T. 50 25; Bismostab 3; Stematil 222; Largactil 717; Omonpon/Scopolamine 184; D.F.118 202; Morphia 2,548; Sodium Gardenal 15; Pethidine 965; Omnopon 442; Vaccine 61; Valoid 120; Sparine 582; Desferal 105; Fortral 6; Parentrovite 279; Dramamime 12.

VACCINATION AND IMMUNIZATION

Section 26

Vaccination against Poliomyelitis

It is gratifying to note a continuing increase in the number of children completing a primary course of oral vaccination (6,795 compared with 6,620 in 1966 and 5,429 in 1965). The take-up of pre-school "booster" doses was also increased and it is clear that this procedure has now been accepted by the public as a routine protective measure; the fact that the vaccine is given by mouth on a sugar lump or in syrup no doubt contributes to this acceptability, at least as far as the consumers are concerned.

Curiously enough, the main advantage, scientifically speaking, of the oral vaccine is not the ease of its administration, but rather the unique method by which the protection develops. The vaccine virus colonizes the intestine and, by taking up certain positions in the cells, blocks the entry of pathological polioviruses. Furthermore the vaccinated person, in addition to being protected himself, cannot become a carrier of pathological poliovirus and so cannot transmit poliomyelitis to other persons.

Immunization against Diphtheria, Whooping Cough and Tetanus

Similarly it is pleasing to observe a substantial increase in the take-up of immunization against these three diseases; the increase was significant in regards both the numbers immunized at the City's child health clinics and those who had the procedures carried out by general practitioners.

Vaccination against Smallpox

Rather fewer children were vaccinated against this disease than during the previous year, but the figure for 1966 was higher than usual mainly because of the outbreak of "minor" smallpox in the West Midlands during the late spring of that year. The 1967 figure is, in fact, higher (with the exception of 1966) than that of any year since 1962 when, it will be recalled, "major" smallpox was imported into England and caused a near-fifty per cent mortality among cases in Bradford and South Wales.

It is a significant fact that the take-up of routine infant smallpox vaccination is little more than half that of the other routine procedures. One reason for this is that primary vaccination is now performed during the second year of life, by which time many parents may have become rather casual about protective procedures. It may also be that some traditional suspicion concerning the procedure still lingers. Conversely however it is significant to note that over fifty thousand persons were vaccinated in Coventry in 1962, the year of the variola "major" epidemic elsewhere in the country.

Management of Vaccination and Immunization Procedures by Electronic Computer

In my last Annual Report I gave a full account of the proposed arrangements by which the immunization appointments would be made by the Local Authority's computer and the records stored therein.

Early in 1967 the vaccination and immunization arrangements in respect of Stoke Aldermoor and Cheylesmore clinics were taken on to the computer scheme and these two clinics served as "guinea pigs" in this experimental approach to the problem. Many lessons were learned by those dealing with the inevitable day-to-day difficulties, perhaps most significant of which was that it was not feasible to take on to the scheme children born before 1st January, 1967.

From late Spring until November a process of consolidation was carried out at the end of which all the City's child health clinics and four practices of general practitioners had been taken on.

The principal aim of the computer scheme, it will be recalled, is to achieve and maintain the highest possible level of immunity against those diseases for which protection by vaccination or immunization is available. At this stage, it is not possible to assess the extent to which this aim is being achieved but perhaps by the end of 1968 some clear trends may be perceptible.

Tetanus 1967

	Infant Welfare Centres	General Practitioners	Schools	Total
Primary ..	3,735	2,348	19	6,102
Booster ..	4,415	2,343	99	6,857

Poliomyelitis Vaccination 1967 Oral

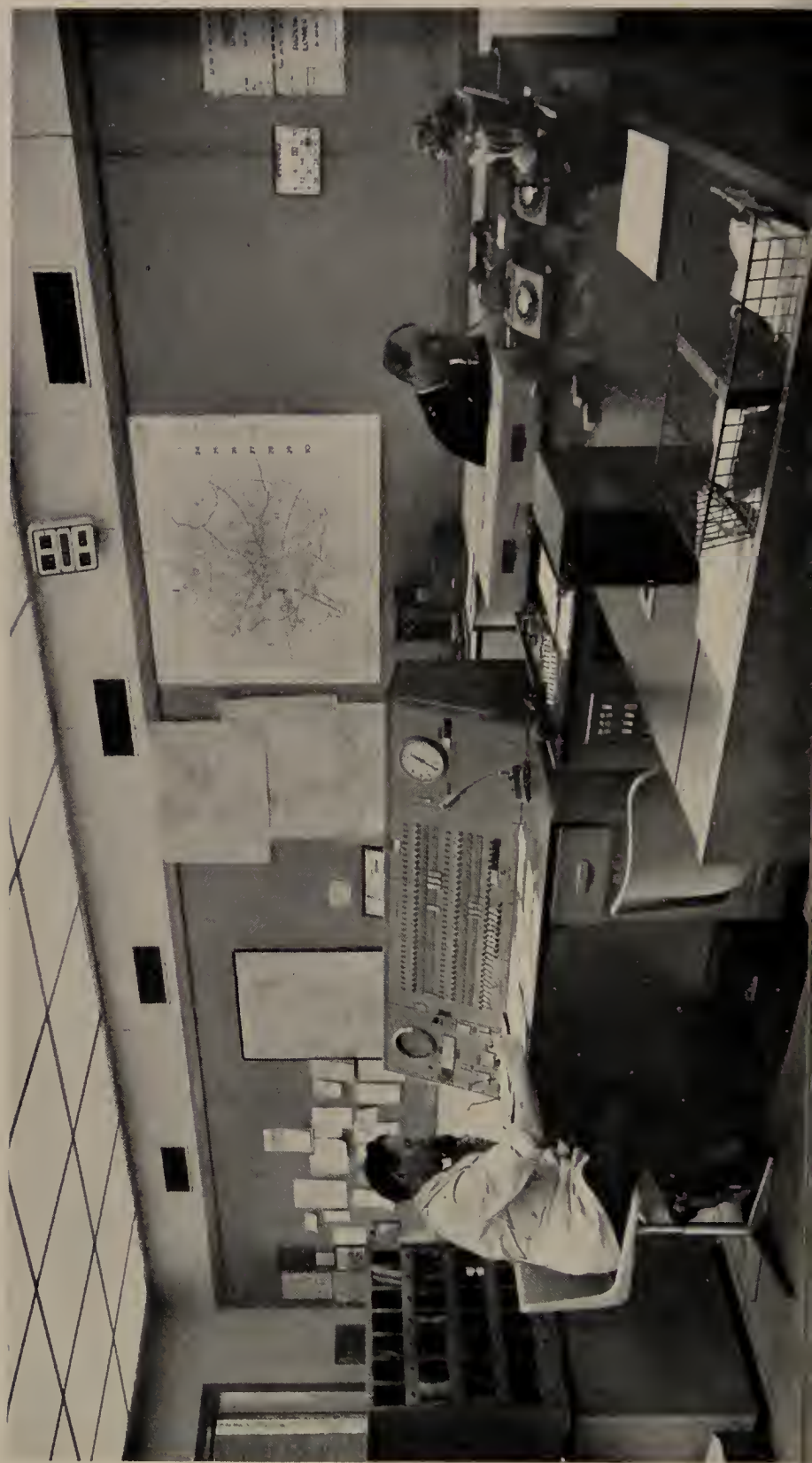
Completed Primary Course 1st, 2nd & 3rd doses	Year of Birth					Others under 16	Total	
	1967	1966	1965	1964	1960—63			
General Practitioners Local Authority Clinics	495 1,637	1,024 1,837	281 245	148 117	411 218	368 14	2,727 4,068	6,795
Booster (4th after 3 doses)								
General Practitioners Local Authority Clinics	5 21	90 29	202 50	100 63	1,316 1,440	918 35	2,631 1,638	4,269

Completed Diphtheria and Pertussis Immunizations 1967

	Infant Welfare	General Practitioners	Schools	Total
Diphtheria	3,727	1,947	1	5,675
Diphtheria Booster	4,396	2,139	—	6,535
Whooping Cough	3,541	1,837	—	5,378
Whooping Cough Booster	2,787	1,533	—	4,320

Smallpox Vaccination 1967

Age	Under 1	1—2	2—4	5—14	15—16	Total
Primary Vacc.	123	2,075	850	221	6	3,275
Revaccination	1	20	13	146	18	198



AMBULANCE SERVICE (Section 27)

The year 1967 will rank as the year of achievement for the Ambulance Service as the year in which it moved into its new purpose-built headquarters. A reasonable period of time must now be permitted for staff to settle in and for new procedures to be proved and adjusted where found necessary.

Once again, it is reported that fewer patients have been conveyed, as reference to Appendix I will show. The factors producing this reduction are considered to be the same as those for 1966.

It is concluded from enquiries made that the extensions of one-way traffic systems account for the increase in mileage run. In this respect, the Transport, Police and Fire Departments also report increases.

Appendix I provides a table of annual comparative statistics.

	1958	1960	1962	1964	1965	1966	1967
Total number of Patients removed	102,112	109,103	121,137	129,844	129,669	125,712	121,427
Emergency	4,577 4.4%	5,125 4.6%	5,634 4.6%	6,503 5.02%	6,672 5.5%	6,504 5.17%	6,867 5.65%
Admissions, Discharges and Out-Patients	97,535 95.6	103,978 95.4	115,503 95.4	123,341 94.98	122,997 94.5	119,208 94.83	114,560 94.35
Total Mileage per Patient	3.49	3.53	3.44	3.4	3.5	3.6	3.8
Total operational Mileage	356,614	386,008	417,283	448,855	466,596	456,945	463,087

Staff

The establishment of the Service at December 31st, 1967, was as indicated below.

Administrative Staff

Chief Ambulance Officer	..	..	..	..	1
Deputy Ambulance Officer (Control)	..	..	..	..	1
Deputy Ambulance Officer (Administration)	..	..	..	..	1
Station Officers	..	..	..	..	3
Teleprinter Operator	..	..	..	..	1
Shorthand Typist	..	..	..	..	1
Clerks (Control)	..	..	..	..	2
Clerks (General Office)	..	..	..	..	2
TOTAL	..	..	..	..	12

Personnel on Shift and Day Working

Leading Drivers	..	..	..	..	9
Male Driver/Attendants	..	..	..	..	56
Female Driver/Attendants	..	..	..	..	9
Storeman	..	..	..	..	1

Assistant Storeman	1
Vehicle Wash Attendant	1
Part-time Cook	1
Part-time Cleaners	2
Handyman/Labourer	1

TOTAL	81
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Maintenance Staff

Chargehand	1
1st Class Mechanics	3
2nd Class Mechanics	3

TOTAL	7
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Training

Insufficient time has been spent in the new headquarters to bring into use the full training facilities, but these will be used to maximum advantage.

Two Driver/Attendants have been detached to the six-week pilot courses run by the Birmingham Fire and Ambulance Service. Continuous use will be made of this facility when it becomes a permanent feature.

Maintenance staff of the service are detached to manufacturer's training courses when considered necessary. Staff are currently receiving training on automatic gear boxes.

Midwifery Service

The night staff dealt with 2,246 requests for the services of midwives; this is a decrease of 526 compared with the figure for 1966, and a total decrease of 974 since 1965.

Vehicles

The operational strength of vehicles at the close of the year was:-

Ambulances	14
Mobile Control	1
Dual-purpose ambulances and sitting case vehicles	18
Workshop vehicles	1
Health Department - Special Care Unit	1
TOTAL	35

Ambulance Reserve Vehicles	3
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Appreciation

All members of the Ambulance Service would wish me to place on record their appreciation of the City Council's provision of a new Headquarters which provides them with first-class working and recreation facilities.

The occupation of the station, almost room by room, was a difficult problem, but was made very much easier by the active interest of the Chairman of the Health Committee and the Medical Officer of Health with principal staff.

HEALTH EDUCATION

The pattern of work in Health Education during 1967, was one of much variety and, by its very diversity, provided much of interest to those engaged in this important aspect of the Health Department's work.

The statistics which appear at page 61 point to a wide cross section of the public as having been catered for and involved in numerous ways – either through talks, films or discussions. Greater accent was toward interesting the younger groups of citizens since they will be the adults and parents of the future and it is with their supporting assistance that the health attitudes of future generations can be set upon the right course. Furthermore it is encouraging that knowledgeable younger parents find no difficulty in transmitting good health attitudes to their children.

The Health Education Officer who commenced his duties in my department on 1st December, 1966, made point in early 1967, of developing liaisons with members of the Health Department and with seniors of other appropriate Municipal departments also. One such important approach was, clearly, to meet many Headteachers of schools in the City, their delegated senior staff members. This latter aspect of the work has been dealt with in the Principal School Medical Officer's Annual Report for 1967, and I do not propose to develop the theme herein.

Two subjects, one dealing with "Smoking and Health" and the other "Cervical Cytology", were brought, particularly to public attention in the interests of those sections most involved. For the former subject, publicity was quite widely spread and a variety of locations were agreed for the displaying of suitable posters e.g. appropriate schools and colleges, libraries, shops, doctors' waiting rooms, theatres and cinemas, hospitals, public halls, youth clubs, clinics and indeed several municipal departments besides.

An important aspect of the scheme was the arrangement of a "Five Day Plan Anti-Smoking Clinic" – This being at the Broad Street Family Health Centre, Foleshill Road. There were 126 advanced enrolments for the course and on the first evening 96 people were present. The numbers attending declined marginally on each successive evening until at the last session there were 67 in attendance. Nevertheless the general consensus of opinion was extremely favourable to the course having been arranged. It was not easy, afterwards, to keep track of those who had been present and because of this the longer term evaluation of results was not fully representative.

Questionnaires were sent out to all, however, some three months after the Five Day Plan had concluded, but only 40 out of the 96 were returned completed and of the former some 75% had refrained from smoking. Like so many facets of Health Education it is persistency which produces best results and a further campaign is intended in the forthcoming year. It is assessed that in the City there is more awareness of the dangers to health through smoking and we look hopefully forward to a still larger response when the next Five Day Plan becomes operative.

Cervical Cytology was also a subject for campaign and in this instance pamphlets and posters were prepared both in English and in certain Indian dialects and were suitably circulated. The local Press also gave helpful coverage. The response by womenfolk, to take advantage of the facilities provided, was below expectations and the subject continues under review in conjunction with our hospital and general practitioner colleagues.

Drug dependence has also attracted attention from the health education point of view. We have been engaged in bringing the subject, objectively, to the notice of those most likely to have influence for good upon young people and certain of our medical staff have also given occasional talks to appropriate groups.

Throughout the year talks upon a variety of health education topics were given to groups of citizens, both young and old, by staffs of the Health Department including Medical Officers, Health Visitors, Superintendent Midwife and her deputy and the Health Education Officer. A talk was also given by the Education Advisor of the Coventry Marriage Guidance Council.

STATISTICS ON HEALTH EDUCATION ACTIVITIES

Numbers Participating

(The number of Sessions conducted is shown in parentheses)

Subject	School Ch'ren	Young People	M'thers	W'mens Groups	Adults	O.A.P.
Othercraft	2,287 (212)	938 (68)	2,934 (137)	404 (32)	—	—
Smoking and Health	3,244 (36)	1,115 (16)	—	—	—	—
Work of Health Dept.	318 (11)	495 (26)	—	—	159 (7)	397 (5)
Resuscitation	484 (15)	213 (9)	—	—	180 (5)	200 (2)
Sex Education and V.D.	729 (39)	210 (11)	61 (3)	—	—	—
Othercraft	—	—	—	—	917 (26)	—
Prevention of Accidents	400 (16)	—	—	105 (12)	—	352 (5)
Drug Dependence	490 (35)	44 (1)	—	—	—	—
General Health	237 (10)	14 (2)	—	—	82 (12)	203 (4)
Sexual Health	566 (8)	—	—	—	—	—
Carcinoma of Cervix	—	—	—	413 (21)	—	—
Contraception	136 (8)	—	—	—	78 (6)	—
Prize of Edinburgh Awards	96 (10)	83 (7)	—	—	—	—
Preparation for Parenthood	—	—	—	—	7,115 (955)	—

MENTAL HEALTH SERVICE

(Mental Health Act, 1959: National Health Service Act, 1946, Section 2)

It is pertinent to lead off in this section of my 1967 Annual Report with a summary of the facilities now available for the "Community Care of the Mentally Subnormal" and, not least, because of certain outstanding happenings during the year in this field of work.

Junior Training Centres and Special Care Units

The most significant event in this sphere during the year was the opening, during April 1967 of Broad Park House, the junior mental health centre, comprising a junior training centre (30 places), a special care unit (15 places) and a short stay home (10 places).

This establishment denotes a relatively novel concept in community care facilities for subnormal children representing as it does great flexibility of day care provisions for children whose needs require further observation and assessment, and also a related unit to provide residential care for periods of up to three weeks at a time (or longer under certain circumstances).

The City Council now provides 105 junior training centre places between the Burns Road unit (75) and Broad Park House (30). This provision, at the end of 1967, appeared to be barely adequate for the needs of the city, and it is evident that difficulties will arise prior to the opening of the next Junior training centre at Alderman's Green (expected to be operative about October 1970).

The availability of a further special care unit at Broad Park House during the year allowed a degree of rationalisation to take place in the provision of care for seriously and doubly handicapped children; generally speaking, it was felt appropriate to admit such children to the unit at Broad Park House if their severe subnormality was complicated by a serious physical handicap, and to reserve the unit at Wyken Grange for those children whose mental handicap was aggravated by serious behavioural disorders.

Senior Training and "Sheltered" Employment Facilities

Although the usual age in this country for transfer from a junior training centre to a senior training centre is 16 years, the experience in Coventry of arranging this transfer at the age of 14 has shown that provided suitable transitional arrangements are ensured, the long-term benefits are greater. During this transitional period, which lasts two years, the timetable is modelled on that of the junior training centre, but at the same time wider social training (including self-discipline) is included.

The other rather unique feature of the Coventry arrangement is the fact that the workshop exists independently of the senior training centre thereby allowing a clearer definition of the roles of continuing social

education on the one hand, and "sheltered" employment on the other. Close links are, of course, maintained between the two establishments and progress from the senior centre to the workshops is the result of a decision by the departmental medical officer following consultation with the heads of the two establishments.

During 1967 it was found necessary to form a "sheltered" group within the senior centre for those who have little or no hope of achieving the sort of social and industrial competence which would allow them to proceed to the workshops. At least 50 of the trainees fall within this group and, when one adds to this number the very seriously handicapped adults in the special care group, it is clear that a very substantial proportion of those attending the centre are unable to benefit indefinitely from continuing special training. Unfortunately this number is bound to grow and it may be necessary to consider some special provision for them at a later moment.

During 1967 the Workshops made steady progress with regard to productivity and income, with the rather surprising result that far more was earned than was initially estimated, so that it was possible to consider increasing the rate of remuneration to the "employees" during 1968.

The year was additionally significant in that, for the first time, it was possible to obtain really substantial supplements of outwork from the local industry. This work is particularly suitable for the workshops as it includes a wide variety of jobs, some suitable for those with even minimal industrial competence.

Eight "employees" from the workshops were placed in open employment during the year. It was possible to arrange this without breaking the links with the community mental health service, as each individual knows that he can return to the workshops if the demands of open employment become too strenuous in any way. However, it is probably wise to accept that the great majority of the subnormal adults in the workshops will need a "sheltered" environment for the whole of their working lives, and it would be quite inappropriate to regard these persons as failures because they had not proceeded to open employment.

Residential Establishments

The short stay home at Broad Park House became operative in April 1967 and took over, from Torrington House, the function of providing short stay care for subnormal children under the age of 16 years. The opening of this home marked a long awaited development in the community care services which commenced in embryo with a few places in Torrington House, and the concept of which was later developed in discussions with the Medical Officer of Health held with the representatives of the Society for Mentally Handicapped Children. The home provides residential care for periods of up to three weeks, for severely subnormal children who are capable of being cared for without requiring the resources of a hospital (e.g. nursing care), and thus allows overburdened parents to give their child a much needed rest, or to go on holiday without the anxiety of worrying about their child.

I reported very fully, in my last annual report, on the role which Torrington House had fulfilled since its opening in September 1964, as an instrument of community care. It was possible to increase, marginally, the extent of this care during the year, as four places in the female residential block, which had previously been used for children's short stay care, were freed, thereby allowing the admission of four from the waiting list of females requiring long term care.

The present position is that, as during last year, there are no vacancies for females, thereby creating a short waiting list. There are usually a few vacancies for males, as the turnover of these tends to be greater; some leave on their own initiative, and others, usually because of behavioural disorders, or other misdemeanours, require to be admitted to hospital for further care and training in a restricted environment.

General

(a) *Mental Treatment and Care*

During 1967 the Mental Health Services for the needs of persons with psychiatric ailments or those involved in related mental health problems continued to develop along similar lines to previous years. No further expansion in staff or services took place owing to the lack of financial resources for such developments and the year can, therefore, be regarded as one of consolidating the gains previously achieved.

One of the basic and very important functions served by the Mental Health Service is to assist with the compulsory admission to hospital for observation or treatment, of mentally disordered persons under the provisions of the Mental Health Act, 1959. During the year 165 persons were admitted to psychiatric hospitals under compulsory powers, this figure constituting a slight decrease of 12 compared with the previous year. These arrangements call for a high degree of co-operation and goodwill between the general practitioners, the psychiatrists, the ambulance drivers and attendants and the mental welfare officers, and it is a tribute to the way in which these several groups have worked together, that the arrangements have been carried out so effectively and harmoniously. On some occasions the assistance of the police is required in order to help avert or deal with the more violent reactions and I take pleasure in expressing thanks for the valued co-operation which has been received from members of the force from time to time.

In certain special circumstances the mental welfare officers also assist the consultant psychiatrists and general practitioners in making arrangements for the admission of informal patients, and during the year help was provided in this way for the admission of 57 patients to the Central Hospital, Warwick. There are, of course, only a small number of informal admissions from Coventry to this hospital, and these are usually effected through direct co-operation between patient, relatives, general practitioner and Ambulance Service. Another function fulfilled by the mental welfare officers is to assist the staff of Central Hospital with special enquiries.

which may arise during working days or in the evenings and at weekends; this includes home visits on occasion in connection with patients who are away from the hospital without permission, and the mental welfare officer often arranges for the patient's return to hospital. The duty of aiding admissions to hospital is important even although it forms only a small part of the total functions of the social work staff.

Generally speaking the psychiatric social workers and the mental health social workers, who also perform duties as mental welfare officers, undertake 24 hours rota duty for this purpose on a fixed day and night once a fortnight. Saturday and Sunday duties are also covered in rotation about once every 10 to 12 weeks. This permits of the social workers devoting the remainder of their working time to a variety of other social work duties. This is a necessary arrangement which allows intensive work to be undertaken with mentally disordered persons and their families. During the year 504 new cases were referred to the Mental Health Section for social work help (i.e. 454 cases of mental illness or emotional disturbance or disturbed family relationships; 30 cases of abnormal persons and 20 cases of severe subnormality). This represented a decrease of 66 new cases compared with the previous year. Most of these were referred either by general practitioners (221) or by psychiatrists (125) following discharge from in-patient treatment or after or during out-patient treatment. Thus 44% of the total referrals were from general practitioners and 25% were from the hospital service. The remaining referrals came from a great variety of sources but principally from other agencies in the Health Department, the Local Education Authority, the Police, the Courts and the Probation Service, the Children's Department, the Welfare Department, the Youth Employment Service, the Women's Advice Bureau, and some requests from relatives and neighbours.

The total number of office interviews and home visits undertaken during the year was 9,928, an increase of 951 compared with the previous year. This figure, which gives only a rough indication of the work carried out by the social workers, has continued to develop year by year, and the increases in the past two or three years have taken place without a corresponding increase in the number of staff at work in the service. Thanks are due to the social workers for their considerable endeavours and not least, for the additional work performed outside normal office hours: because of the sheer numbers of people requiring help, and also to accommodate families and to interview family members who are at work during the day time.

All those who are helped by the social workers constitute a wide variety of cases and problems. The first main grouping are those having psychiatric illness and general mental health problems. Many are referred for social work help after or during a period of in-patient or out-patient psychiatric treatment; some are referred by general practitioners, social work departments or voluntary organisations, and these include a fair proportion where the problems are in the relatively early stages. The second main group consists of situations centring on a subnormal or severely subnormal child or adult. Most of these latter attend one or other

of the day units or day centres provided by the Local Authority and are able to have the help of a social worker who will assist them or help to support the families concerned. Many of the families have made satisfactory adjustment to having a mentally handicapped member and require only occasional help or guidance. However, a number of families, especially those with a severely subnormal child, usually require a great deal of help and support with the practical problems presented and, equally important, in resolving the underlying emotional difficulties which sometimes arise in these situations. The need to provide a counselling service for such families, while appreciated, was not possible of satisfactory achievement some years ago because sufficient staff were not available to undertake the work adequately. In more recent years, however, it has been an important aim in Coventry to provide this quite necessary service. As the recruitment of trained social workers has proceeded, including the secondment of staff to further training in psychiatric social work, it has been possible to allocate an increasing proportion of social worker time to casework help for the families of severely subnormal children.

Emphasis has also been placed on developing an effective after care service for selected cases of boys and girls who leave the Local Educational Authority's schools for the educationally subnormal, and who require continuing assistance because of the degree of their handicap, their social immaturity and inadequacies in their family background. These various social work services in relation to the mentally retarded or subnormal are of much importance, not only because of the benefits which accrue to them, but equally they greatly assist the family by helping to relieve anxieties and preventing others arising.

The close working arrangements with the staff of Central Hospital were continued during the year in various ways. Referrals for the after care of some patients discharged from Central Hospital were made to social workers and arrangement also continued whereby the Central Hospital's social workers undertook after care in instances where this enabled a continuity of care by the same social worker to be carried out.

The Local Authority Mental Health Service continued its responsibility for the social work arising from the weekly Tuesday morning patient clinic conducted by a consultant psychiatrist at the Coventry Warwicksire Hospital. One or two of our social workers attend at the clinic each week and undertake some interviews at that time but the normal usual pattern is for our social workers to deal with cases referred by the consultant, either at office interviews or through home visits. In order to further the close co-operation and liaison between the different sections of the National Health Service in Coventry concerned with mental health functions two further meetings were convened during 1967 between senior officers of these services. The meetings were attended by the consultant psychiatrists; representative general practitioners; appropriate social medical and social worker staff and other appropriate officers representing the Coventry City Council, the Coventry Executive Council and the Coventry Warwicksire Hospital Group 14 Management Committee.

The psychiatric social club continued to meet each Thursday afternoon at the Queen's Road Baptist Church premises. The group aims to provide a specialised form of help for persons who have received psychiatric treatment on an in-patient or out-patient basis or who are referred by general practitioners or social workers of the Local Authority Mental Health Service. The major common factor relating to those persons attending is that they have been unable to make effective social contacts. The club endeavours to provide a congenial, regular meeting place where social contacts may be developed and social activities undertaken through mutual help between members of the club – supported by appropriate guidance from the Health Department's psychiatric social worker and a mental health social worker allocated, sessionally, for this work. During the year 27 new cases were referred and most of these also received social work help from either the Local Authority's social worker or the hospital social worker, in addition to the group activity provided at the club. The average club attendance during the year was 10, with an increase to about 15 during the period when various special activities were undertaken before the Christmas period. I would like to express grateful appreciation to the Minister of the Church, the Reverend Richard Hamper and his Committee, for granting us the use of these facilities, and for their valued helpfulness. The club fulfills a most helpful role and it is hoped to organise similar club activities for a different group of former patients on one or more evenings a week when additional social work staff are recruited and thereby permit of this. The present club provides only for those persons who are not engaged in paid employment. There are, however, individuals who, although in employment, are still not making effective social contacts, following psychiatric treatment.

The Local Authority's small three bedroomed group home for the after care of psychiatric patients continued to provide residential accommodation for three post-hospital psychiatric patients. The group home is so called because there are no resident staff and the residents look after themselves. The resident ladies were selected on the basis of their ability to undertake remunerative employment, to do their own cooking and cleaning and to maintain an independent existence in the community with minimal attendant help and support. A social worker from the Mental Health Section pays a routine visit once a week in the evening time to discuss any problems and give general support to the residents and to deal with any crises which may have arisen. Early in 1967 the third lady was admitted from Central Hospital, where she had spent two years with a severe mental illness. This illness showed signs of becoming chronic as her rehabilitation into the community was delayed since she was not fit to live for herself as she had done previously. It is hoped that her condition will improve and the situation will be kept under review. Her two resident companions continue to be well settled in the community, and all three are employed on a full time basis at the local Remploi factory. I dealt with the concepts of the functioning of this group home more fully in my last Annual Report. The home continues to assist therefore in the psycho-therapeutic rehabilitation of these residents and is more helpful to them than hostel provision would be.

One of the mental health services which has been pioneered in Coventry continued to flourish during the year. I am referring to the attachment of psychiatric social workers to practices of general practitioners for weekly sessions. During the year an additional practice was served in this way and, for the first time, a doctor in sole practice was selected. This further experiment was of interest because previously arrangements had applied only to group practices. In the light of experience this new arrangement had been justified because a sufficient number of cases have come forward for assessment and appropriate attention. Regretfully, the arrangement operating with one group practice had to be discontinued towards the end of the year when one of the psychiatric social workers left the service. At the end of the year seven psychiatric social workers were each undertaking a weekly session at surgery premises.

It is generally felt that this arrangement represents a valuable contribution to the functioning of a community mental health service, such as we have developed in Coventry. For this purpose our psychiatric social workers, as one part of their work, have now much experience in helping a highly selected group of patients of all ages; the emphasis being to deal, at an early stage, with persons having emotional and behaviour problems arising in the normal course of the family doctors' practice and often presenting initially in the form of physical symptoms. Sometimes the problem focuses on an emotionally disturbed child or adolescent while at other times the emotional problems present themselves for the first time in early adult life. The valuable contribution which trained caseworkers can make towards the assessment and social treatment of these cases is a lesson which has been clearly demonstrated by this pioneer work originating in Coventry over eight years ago. The other collateral and important factor is that general practitioners in conjunction with the Local Authority service can achieve by such close co-operation a greatly enhanced service for the patients concerned. The general practitioners have expressed their appreciation of the arrangements, the social workers find it to be a very congenial and rewarding way of working: something which is in fact different from the customary deployment of social workers. Of great importance however, is the fact that many patients who may not otherwise have acquired assistance from a social worker have benefitted by the progressive arrangement constituted within the doctors' practices.

The attachment of psychiatric social workers on a sessional basis to a paediatrician's out-patient clinic, which was started in May 1966, continued in 1967. Two psychiatric social workers each spent one morning a fortnight on social work in connection with specially selected cases involving either the parents of severely subnormal children or parents whose children were displaying physical or behaviour symptoms which had developed out of parental problems or family tensions. The purpose of placing a psychiatric social worker in this setting is to help to tackle these problems as soon as possible after they are discovered and before they develop to more serious proportions and may warrant referral to the specialised attention of a children's psychiatrist. This method of deploying social workers from the community mental health service also relates to

subject discussed earlier in my report, namely of providing an adequate counselling service for the families of severely subnormal children. In many cases it is within the first two or three years of the parents being faced with the reality of having a severely subnormal child, that really effective and trained help is required, in dealing with the underlying emotional reactions which sometimes present. Because most of these children are known to a paediatrician it seemed a logical development for our service to assist with a desirable link so as to help detect problems at an early stage and to bring additional help to the families concerned. Unfortunately it was necessary to reduce this service, in September 1967, when one of the psychiatric social workers left the service, and it was not possible to allocate another member of staff to these duties owing to pressure of other commitments.

At the end of 1967 there were 18 social workers engaged in the Combined Mental Health and Child Guidance Service, including the Principal Mental Health Officer. The equivalent of four social workers were in the Child Guidance Service and 14 in the Mental Health Section. In September a member of staff, Mr. G. M. Henman, returned to duty having successfully completed his training course in psychiatric social work at the University of Birmingham. In September, a further two of our social workers on the staff left the service to enter courses of training for psychiatric social work, by private arrangement. Although we will not have the benefit of their services at the end of their training it is pleasing that the department has made yet another helpful contribution towards general recruitment and has given adequate experience and casework supervision to these two people who have proved eminently suitable for this more advanced specialised training. They were replaced by two social workers coming to us direct from university basic social science courses. At the end of the year 12 of the social workers held qualifications in psychiatric social work, four held the Certificate in Social Work, or Diploma in Social Science or Degree in Sociology, and two were qualified by long experience. One of our psychiatric social workers was still undertaking duties in both sides of the service, namely six weekly sessions in the Child Guidance Service and four sessions in the Mental Health Section: a further social worker spent half time in each section of the service.

Effective regular liaison continued between staffs operating in the two sections of the combined service: this included close consultation between the Mental Health Section, the consultant children's psychiatrist and the senior psychiatric social worker in the Child Guidance Service. Although the working of the Combined Service continues to be greatly restricted because of the absence of a combined centre, some benefits have nevertheless continued to accrue from the arrangement. This enables the best use to be made of scarce professional resources and to avoid overlap in some aspects of the duties of our social workers, e.g. those employed mainly in the Child Guidance Service continue to undertake social work on cases where a parent may also be mentally disturbed, while those engaged mainly in the Mental Health Section fulfil a function in relation to maladjusted children, i.e. when an emotional disturbance arises in a child of a family

already known to the social worker concerned. This social worker will provide a social history to the Child Guidance team for diagnostic purposes and in some instances continues to provide the social work component if the case is taken on for treatment at the clinic. These and other arrangements would be infinitely more effective if both sections of the Combined Service operated from joint premises. Such an establishment has for long been planned but the existing difficult economic position has militated against its provision for the time being.

(b) Treatment and Care for the Mentally Subnormal

The consultants' clinic for mentally subnormal persons continued to function in the medical room at the local authority's hostel for subnormals at Torrington House: this on the first Thursday of each month. There is a session in the afternoon for subnormal children, accompanied by their parents, and a further one in the evening for subnormal adults. These clinics are conducted by consultants in subnormality from Chelmsley and Coleshill Hall Hospitals: they are for cases requiring special assessment and advice and are complimentary to the medical and social work services provided by the Local Authority. There is close co-operation between the hospital consultants, conducting clinics at Torrington House, and my assistant medical officer who is assigned, specifically and in special capacity, for the oversight of subnormal persons in our various establishments and within their domiciles. She also is available for guidance to staff at our centres and ensures close liaison with the appropriate visiting mental health social workers. The evening clinic for adults has been particularly successful and well attended. There has also been need for joint domiciliary visits to be made by the consultant in subnormality and my assistant medical officer to a proportion of mentally subnormal persons: some to assess the possible need for permanent hospital care or to advise on management and treatment at home. Chelmsley and Coleshill Hall Hospitals have provided considerable help to my department during the year and of course to the families concerned: this by providing short stay hospital care for a number of cases to enable the families to have a holiday or to enable the mother to have a rest or in cases when the child's mother has been ill. Some cases have also been admitted for permanent care and, although the waiting lists for such care are still far too long, the sympathetic consideration and help given by the hospital staffs in cases involving special difficulty and family dislocation have been greatly appreciated. Some transfers, whether temporary or on longer term basis, have been effected from hospital care to care at the hostel and vice versa, as need required. The social workers from the Local Authority Mental Health Service undertook after care in cases discharged from Coleshill, Chelmsley and Weston Hospitals (which are now our main local hospitals) and also for St. Margaret's, Monyhull, L. Castle and Rampton Hospitals. The social workers also supply reports to these hospitals when requested in connection with Mental Health Review Tribunals, case reviews, renewals of orders for compulsory detention in hospital, requests by relatives for holiday periods at home, and

connection with trial periods at home. These links between Local Authority and hospital services for the mentally subnormal demonstrate some of the way in which the Local Authority can supply social work services to mutual advantage and, most importantly, for the persons and families concerned.

Student Training

Requests for assistance with the training of students from a number of different training courses have continued to be made on the Mental Health and Child Guidance Service. Where reasonably possible these facilities were provided in the training centres, hostel and workshop for subnormals and also in connection with the social work services of the Mental Health Section and the Child Guidance Service. Social work students undertook periods of casework practice under the supervision of psychiatric social workers in both the Mental Health Section and the Child Guidance Centre. These students were mainly from the courses at the Lanchester College, Coventry, for the Certificate in Social Work and the Social Science Diploma, and also from the University of Birmingham Applied Social Studies Course. For the first time new regulations permitted the placement of psychiatric social work students in Local Authority mental health services, and Coventry was the first service to be asked to take such a student. Clinical experience and teaching was provided by one of the consultant psychiatrists at Central Hospital and at his out-patient clinic. Other students undertook shorter periods of work or of observation and these included third year psychiatric nurse students from Central Hospital, two final year students from Coventry College of Education and a child care course student from Sheffield University. The Local Authority centres, workshop and hostel for subnormals continue to provide facilities for training, including students from the National Association for Mental Health Diploma Course for teachers of the mentally handicapped, and these centres also provide valuable visits of observation or short periods of experience for students from various social work training courses.

The link between the Community Mental Health Service and various voluntary agencies continued strongly during the year. Amongst these organisations which provided volunteers for various reasons were the following: the Coventry Association for Mental Health provided a visitor for our Group Home at Blackwatch Road and also help at our psychiatric social club, Queen's Road Baptist Church Hall. The Council of Social Service provided valuable help through the services of their part-time volunteers' organiser, who helped to recruit volunteers for specific tasks, including friendly visiting, baby-sitting and home decorating in selected areas. This arrangement also provided a most helpful link with such organisations as Operation X (for young people), with International Voluntary Service and with various "Fish Schemes" in the city; the Women's Royal Voluntary Service provided some volunteers for friendly visiting and also arranged for holidays for children from some of the needy families. A most important contribution from the W.R.V.S. was to provide helpers for an experimental play group which was run at the

Burns Road Centre on four days during the summer holidays for severely handicapped children who normally attend a special care unit. The Society also made arrangements for the mid-day meals and without their valuable help the play groups could not have been readily arranged.

The Warwickshire Volunteer Drivers' Group have provided car transport in a number of instances, as for example, to enable aged relatives to visit hospital, and have also accompanied some subnormal persons to holiday homes. Certain other voluntary organisations have also provided valuable assistance to the Mental Health Service, e.g. by making monetary grants where essentially needed to a small number of individuals and families known to the service. In this respect grateful thanks are extended to the Coventry Family Welfare Association; Coventry Society for Mentally Handicapped Children; Coventry General Charities and Coventry Association for Mental Health. The latter body provided a small fund to be used at the discretion of the mental health social workers in alleviating minor emergency financial needs. I would also like to thank, most warmly, the Lord Mayor who has made grants of money available from other voluntary sources in a few special cases. These links with voluntary organisations have been extended and developed in various ways and as part of the process senior staff have served as needed on several committees, e.g. the Volunteers' Committee of the Council of Social Service; the Working Party of the Bishop's Council of Social Responsibility on the use of Volunteers in Mental Health Services; and the Coventry Association for Mental Health. The development and maintenance of these mutual links between statutory body and voluntary bodies is of the greatest importance in the sphere of mental health – partly because of the extent and complexity of the needs of mentally disordered persons, partly because a full concept of community care must also include the role of ordinary individuals in the community and, partly also, because these links themselves help to break down barriers and outdated attitudes of stigma between mentally disordered persons and the general public.

Mental health education in more formal ways has continued to be pursued by means of the department's co-operation in Mental Health Week and in a special course which was arranged in July for senior pupils from the city's schools. In addition certain senior members of the Health Department engaged in mental health work – whether Medical or Mental Health Officers, undertook talks to various groups and organisations and assisted the Health Education Officer with talks to senior pupils at school.

**Annual Report of the Psychiatric Social Work Department
(Central Hospital, Warwick) for the year 1967**

I am indebted to Mr. A. Gottlieb, Head Psychiatric Social Worker, Central Hospital, for the following commentary:—

"The year 1967 was one of changes and, because of this, of difficulties. During the first few months of the year our catchment area was reduced in size and this necessitated a re-arrangement of the work in the department. To this was added the fact that, in spite of repeated advertisements, we were not able to appoint further full-time Psychiatric Social Workers and had to accept, for the time being, our arrangement with part-time workers. Later in the year we were able to appoint a third full-time Social Worker, which makes our establishment now one trained Psychiatric Social Worker (Head of the Department), two Social Workers and one Social Work Assistant, i.e. four full-time workers, and three trained part-time Social Workers who each give approximately three days of their time.

We have also had further good co-operation from our colleagues in the City and in the County who have continued to help by taking on a larger case load referred from the hospital. Even so, the personal case-load of each of our Workers is still considerably above the norm of what is usual in other Authorities, as can be seen from a perusal of our statistical summary.

In spite of our difficulties we have been able to give more help to the Consultants dealing with the hospital clinics in Warwick and Stratford particularly concerned with children, and we have also given more time to special problems of our Adolescent Ward.

Co-operation between the staff of our hospital and our colleagues in the Out-Patients Departments of the General Hospitals where we form part of the clinic team has continued to be highly satisfactory, and we would like to thank all the people concerned for their help."

PSYCHIATRIC SOCIAL WORK DEPARTMENT STATISTICAL SURVEY - 1967

	Total	In Patients	Out	Children	Coventry
1. (a) Total number of cases dealt with in period	1,339	1,109	143	87	694
(b) How many of these been seen previously	442	406	18	18	244
(c) Total number of all visits (home or authority)	1,909	1,570	259	80	896
(d) Total number of interviews in Out-Patient clinics	1,645	1,449	125	71	753
2. How many were—					
(a) Social Histories only	213	165	17	31	100
(b) Social Histories and other work	262	137	110	15	177
(c) One interview only (other than Social History)	293	243	30	20	177
3. How many cases involved four visits or more	185	167	17	1	113
4. Four clinic interviews or more	154	146	5	3	77

Patients referred to Coventry Mental Health Department directly after in-patient treatment

Patients referred to Coventry Mental Health Department or after out-patient treatment

PREVENTION OF ILLNESS, CARE AND AFTER CARE (Section 28)

Tuberculosis

The number of new cases of pulmonary tuberculosis notified to Health Department during the year was 107, the lowest ever recorded. Male notifications were almost double those in respect of females, and great majority were adults, especially middle aged adults.

However, 9 of the notified cases were children under the age of 16 years; 3 of these were children of Commonwealth Immigrant families.

In fact, of the total notifications during the year, 31 cases were Commonwealth Immigrants (either Indians or Pakistanis).

These figures do tend to indicate a relatively much greater incidence of pulmonary tuberculosis in these two groups in the indigenous population. It is not possible to give a firm opinion as to the origin of this relatively high incidence, as it is not always clear whether the patient became infected after his arrival in this country, was incubating the condition on arrival, or was frankly suffering from tuberculosis prior to his arrival. Doubt the development of facilities for medical examination, including chest x-ray of intending immigrants in their country of origin, will do much to clarify this problem.

T.B. MILK

Number of persons receiving milk at 1st January, 1967	165
Number of additional persons allowed milk during 1967	62
Total number of persons who received milk during 1967	227
Number of persons receiving milk at 31st December, 1967	172
Cost during year ended 31st December, 1967	.. £3,043.4s.3d.

OCCUPATIONAL THERAPY

Patients accepted into the Occupational Therapy Scheme during 1967 were, in the main, between 18 and 60 years of age. There were a few patients above and below these age levels who were accepted for special reasons. Men and women participants are fairly equally divided with the exception rather more in favour of the latter and in which some 5% of patients are included.

Work is carefully selected for patients according to their interests and ensuring it will assist them to rehabilitate most easily. The articles made are mostly retained by the patients of their own volition, at cost of the materials used. Patients quite understand that there is no margin for error and that nothing can be regarded as "waste". Work which is poorly executed – and may be due to inco-ordination of movements or through lack of experience – is salvaged where possible for use in some other project. Poorer work, however, the situation must be rectified by a new issue of materials – thus being in the patient's own interests.

It forms part of co-operative endeavour that those patients who are experienced and less disabled help those who have "grosser handicaps" – they also assist in the care of equipment and tools.

Initially the type of work to be undertaken is carefully explained to individual patients and it is found, by so doing, that they accommodate themselves quickly and with greater confidence into the pattern.

A mutual friendly atmosphere and improved morale quickly develop just as soon as the patients appreciate that their talents are valued. They themselves have much to contribute to their own – and indeed to others – rehabilitation no matter the extent of their respective disabilities.

Additional Crafts made available in 1967 were those of Enamelling, Book Design and Collage.

Statistics relating to the year 1967

Number of patients remaining in scheme from 1966	..	88
Number of patients brought into scheme during 1967	..	38
Number of patients left scheme during 1967	..	24
Number of patients in scheme at 31st December, 1967	..	126
Number of visits to patients during 1967	..	700
Number of patients' visits to office during 1967	..	353
Number of patients attending Group Therapy in 1967	..	33
Total attendances by patients in 1967	..	1,230

CONVALESCENCE

The City Council has accepted financial responsibility for hospital patients needing essential recuperative convalescence following treatment. Such cases are for the most part recommended by the Consultant Staff and passed to the hospital Almoner for allocation to accepted convalescent homes.

All applications are scrutinised by the Medical Officer of Health prior to recommendation to the Health and Welfare Committee.

Five applications were approved as a charge on the Health Committee. The five cases were accepted for periods of two, three or four weeks convalescence in various seaside homes.

The cost of the maintenance of these patients during the current year was £87.15s.0d. and the cost of travelling facilities provided amounted to £17.11s.9d.

In 1966, nine patients were given periods of convalescence at a cost of £114.4s.6d. and the travelling facilities cost amounted to £16.8s.0d.

HEALTH COMMITTEE STAFF EMPLOYED IN THE WELFARE DEPARTMENT

Home Help Organiser	..	..	Mrs. S. S. Fish, M.I.H.H.O.
Area Organisers	..	..	Mrs. D. Nuggins
			Mrs. P. R. M. Butler
			Mrs. W. M. Cartmell
			Mrs. M. Cashin
			Mrs. D. Farris, M.I.H.H.O.
			Mrs. E. L. Morgan
			Mrs. E. S. White
			Mrs. J. Wilson
Relief/Assistant Area Organiser	..	..	Mrs. M. B. Hazell
Area Clerks	..	..	Mrs. J. Abel
			Mrs. G. E. Ainsbury
			Mrs. B. A. Barnett
			Mrs. H. Batt
			Mrs. A. Hill
			Mrs. E. J. Kell (Part-time)
			Mrs. D. M. Thomson (Part-time)
			Mrs. A. M. Williams

HOME HELP SERVICE

(National Health Service Act, 1946, Part III, Section 29)

A Local Health Authority may make such arrangements as the Minister of Health may approve for providing domestic help for households where such help is required owing to the presence of any person who is, or has been, lying-in, an expectant mother, mental defective, aged or a child not of compulsory school age.

The Home Help Service in Coventry operates under an administrative scheme approved by the Minister and has so operated since 1945, growing from strength to strength each year.

It is interesting to recall that in 1948, 90 Home Helps (full-time and part-time) were employed against 517 at the end of 1967. This latter figure works out at one Home Help to 3.6 cases.

In relation to Area Offices I am pleased to report accommodation now available in the multi-purpose building in Jubilee Crescent and the office for the Radford Area was transferred in April, 1967, from the Community Centre, Masser Road, Holbrooks. The new office is much more conveniently situated for the Radford area.

Area Offices at present are as follows:

Central - 1a Argyll Street.

Wyken - 1a Argyll Street.

Bell Green - Housing District Office, Hall Green Road.

Holbrooks - Community Centre, Masser Road.

Radford - Multi-purpose Building, Jubilee Crescent.

Allesley - The Youth Centre, Old Birmingham Road.

Canley - Housing District Office, Torrington Avenue.

Earlsdon/Willenhall - Housing District Office, St. James' Lane.

The Allesley Office is not very suited for the purpose and endeavours are being made to find an office more convenient to the needs of the area.

The Home Help Organiser's office is at the Council House.

Miss E. A. Brindopke, I regret to report, had to retire on health grounds after eight years with the Department as an Area Organiser.

During 1967 the total number of cases provided with assistance was

Comparative figures of the cases dealt with in the years ended 31st December, 1966, and 31st December, 1967, are set out in the following categories.

	1966	1967
Over 65	2,194	2,239
Under 65		
(a) T.B. and Chronic Sick	128	138
(b) Mentally Disordered	16	20
(c) Maternity	357	235
(d) Others	421	386
	<hr/> 922	<hr/> 779
	<u>3,116</u>	<u>3,018</u>

It will be observed that there have been reductions in 1967 in demand from cases listed under (c) and (d). The significant drop in number of maternity cases may be as a result of the opening of the Maternity Hospital.

The Home Help Service continues to play an important part in community care, offering practical support to cases needing assistance. Without this assistance many persons would be unable to carry on life within their own homes.

One pleasant feature of the Service is the good relationship existing between patients and Home Helps. At weekends and holiday times throughout the year the Home Helps perform many voluntary tasks including taking meals from their own homes, providing entertainment and giving other services of varying descriptions. The all important link with the outside world which the Home Help is able to bring into the homes of the elderly, housebound and lonely is of tremendous psychological and therapeutic value. Home Help's visits are eagerly awaited and she finds, too, that the work offers her immense satisfaction.

Examples of this pleasant relationship between the householder and the Home Help are indicated hereunder.

- A. A widow of 76 living alone with a cardiac condition – the Home Help (in her own time) paid regular visits at the weekends and was, in fact, with her on the Saturday on which she died. The only relative, an elderly brother, was unable to attend to the necessary arrangements and with his permission, the Home Help arranged the funeral and also attended to other necessary details.
- B. A householder living alone who is a double amputee with a chronic condition has to spend her days confined to a wheelchair. When first visited, the house was neglected and the Home Help provided her with her own home, curtains and other suitable items. At the weekends and most evenings, either the Home Help or her family provided a meal. The family also take her out in their car.
- C. A widow, living alone, suffering from chronic bronchitis, arthritis in both hands and legs was also in a mentally disturbed condition. When first visited, the house was extremely neglected and required a fair measure of cleaning. The Home Help attended to this and also to the personal cleanliness of the widow who was continually dropping food on to her clothes. The Home Help dealt with the case assiduously. At weekends, and each day, after her working hours, the Home Help kept a continued watchful eye on her. This manifestation of patience and understanding is very praiseworthy.

The number of cases of mental illness has slightly increased; assistance and support has been given to these cases which require a sympathetic understanding of their difficulties.

Not the least important of the cases for whom service has been rendered are the physically handicapped and the young chronic

assistance is given to enable them better to remain within their own homes and to cope with the problems which beset them.

Here are brief particulars of one such case.

A mother of four children was deserted by her husband when she was five months pregnant. The patient has suffered from disseminated sclerosis for a number of years. Help was given during the post-natal period. After the confinement, it was thought that the mother would be unable to undertake the care of the baby and it was suggested that the child should be fostered. The mother would not agree to this; thus with strong supportive help from the Home Help Service, the mother was able to keep the family together. The child is now a year old; he attends a Day Nursery, and only a small measure of assistance is now required.

The assistance offered to maternity cases continues to be much appreciated.

In cases where the mother is absent from the home through sickness or other circumstances, supportive help is offered for a limited period, thus resulting in as little disruption as possible to the family.

Seven Male Home Helps are employed; these men undertake the care of male patients to whom it is not desirable that a woman be sent. The male Home Helps undertake the bathing and shaving of cases. As two of the helps have the use of cars, they are able, during each morning of the winter months, to undertake the lighting of fires for a number of cases who, through disability, are unable to undertake this task themselves.

The Night Care Service is of immense value in providing attendance during the night hours for seriously ill persons without relatives or friends to attend them.

Recruitment of Home Helps

Recruitment of Home Helps has been extremely satisfactory. Numerous requests to join the service have been received; staff who terminate their service frequently apply for re-employment.

Training of Home Helps

Training Courses of one week's duration have been arranged.

Lectures on selected subjects have been given and a Domestic Science lecturer gave talks with emphasis on the particular needs of the elderly in relation to diet. Practical cookery was undertaken and lively interest was shown in discussion groups. These courses do much to instruct and to stimulate the interest of the Home Helps, giving them a clear idea of their part and the part they play in the Health and Welfare Services.

Staff employed as at 31st December, 1967

Home Help Organiser, Area Organisers and Relief Area							
Organiser	..	..	..	..	..	..	10
Clerks – Whole time	..	..	..	..	..	..	6
Part time	..	..	..	..	..	..	2
Home Helps – Whole time		..	..	..	..	..	7
Part time	..	..	..	..	..	..	517
Whole time equivalent	..	..	..	..	..	..	276

It is interesting to note that the Minister of Health, the Rt. Hon. Kenneth Robinson, M.P., is presenting a Bill to Parliament – the Health Services and Public Health Bill – which makes amendments in the law relating to the National Health Service.

Clause 13 of the Bill replaces the existing provisions relating to Domestic Help Services as enacted in Section 29 of the National Health Service Act, 1946. Under the new Clause:

“It shall be the duty of every local health authority to provide on such a scale as is adequate for the needs of their area, or to arrange for the provision on such a scale as is so adequate of, domestic help for households where such help is required owing to the presence of a person who is ill, lying-in, an expectant mother, aged or a child who has not attained the age which, for the purposes of the Education Act, 1944, is, in his case, the upper limit of the compulsory school age, and every such authority shall have power to provide or arrange for the provision of laundry facilities for households for which domestic help is being, or can be, provided under this subsection”.

If this Bill goes through Parliament, it will in effect mean that instead of Local Authorities being able to operate a permissive service they will be statute bound to provide an adequate Home Help Service. As far as Coventry is concerned endeavour has always been made to meet the demand, and whilst it is not absolutely certain, I feel that the new provisions should not materially affect the situation.

It is interesting to recall that the Health Committee anticipated the provision relating to laundry facilities in so far as a laundry service was contemplated and was in fact intended to commence in 1965. Unfortunately, due to the changes of the Home Help Organiser and to the subsequent re-organisation of the service, the scheme was not proceeded with. Such a scheme, however, would be of immeasurable help in employing Home Helps to better advantage and would be of great assistance to the participants. It is hoped, therefore, that in the near future it will be possible to introduce a laundry service.

CHIROPODY SERVICE (Coventry Corporation Act, 1958, Section 72)

A chiropody service for the elderly is an essential since the maintenance of mobility and independence is essential for their well-being.

emphasis has been placed on the need for elderly folk to be as active as their physical and mental capacity will allow and any service which can improve mobility and literally "put people on their feet" is of paramount importance and lessens to a considerable extent their dependence on others.

It is therefore satisfying to know that with the coming into operation of the Coventry Corporation Act, 1958, which anticipated the general provisions which came into force later, the Council became empowered to provide a Chiropody Service for aged and necessitous persons. The Council delegated its powers to the Welfare Committee and the service which commenced on the 1st March, 1959, now operates under the following conditions:-

As a free service for aged and necessitous persons as defined in the Act.

The service provides for the giving of treatment to both ambulant and house-bound cases.

The chiropodists employed are State Registered chiropodists as defined under the Professions Supplementary to Medicine Act, 1960, and the regulations made thereunder.

This Service has proved a boon to elderly people and there has been a progressive increase in the number of new applications.

Comparative figures in relation to the number of participants at the end of December, 1966 and 1967 are set out hereunder:

	1966	1967
Domiciliary cases	1,378	1,250
Other cases	1,409	1,240
	<hr/>	<hr/>
	2,787	2,490
	<hr/>	<hr/>

Treatments were given as indicated hereunder:

In Clinics	149
In Patients' Homes	7,331
In Old People's Homes	1,830
In Chiropodists' Surgeries	6,948
	<hr/>
	16,258
	<hr/>

It will be noted that the 1967 cases are slightly less than in the previous year due to a review of cases being undertaken and those not now receiving treatment have been eliminated from the Register. No case still requiring treatment has been excluded.

The Department's own Chiropodist has been fully engaged throughout the year undertaking work at each of the Old People's Homes and dealing with as many new domiciliary cases as possible. It has been necessary to continue to employ private chiropodists on either a "per capita" or on a sessional basis whichever has been appropriate.

Authority for the employment by the Department of a further full-time chiropodist has been given and it is hoped to fill the post at an early date.

MEALS FOR THE SICK AND AGED (National Health Service Act, 1946, Section 28)

The Mobile Meals Service in Coventry, understood to be the first municipally operated service in the country, was inaugurated in 1949 and has been so increased in its operation that the average meals supplied each weekday during 1967 was 414 as against 74 in 1949. It was possible to extend the service by 50 meals (involving the acquisition of an additional van and equipment) on the 1st October, 1967, so that the average meals served in 1968 will be an improvement on the average for 1967. Moreover, a further extension is contemplated during 1968.

One very pleasing feature of the service is the delivery of 15-30 meals on Saturdays, Sundays and on Christmas Day and Boxing Day to recipients who, even at weekends, cannot otherwise obtain reasonable mid-day meals on those days.

With the helpful co-operation of the Medical Officer of Health, Sunday meals are prepared at the Torrington House Hostel. The Matrons of some of the Local Authority Old People's Homes assist with the preparation of meals on Christmas Day and Boxing Day and I am very appreciative of this help.

The total number of meals provided since the inception of the service is over 830,000, a formidable number.

The following details relate to the activities of the service in 1966 and 1967:

	1966	1967
Total number of meals supplied ..	98,667	107,535
Average number per day (i.e. five day week)	378	414
Cost of purchasing meals ..	£10,452.12s.6d.	£12,045.11s.5d.
Contributions from recipients ..	£747.10s.3d.	£873.0s.10d.
Net cost	£9,705.2s.3d.	£11,172.10s.7d.
Total number of persons attended ..	784	803

A fleet of nine vehicles is now maintained, eight of which are used for the regular daily service and the remaining vehicle is a spare for breakdowns and other emergencies. There are 14 part-time employees engaged and replacing staff when necessary presents no difficulties.

REMOVAL TO SUITABLE PREMISES OF PERSONS **NEEDING CARE AND ATTENTION** (National Assistance Act, 1948, Section 47)

In 1967 there was one case in which it was necessary to invoke Section 47 of the National Assistance Act, 1948, as amended by Section

the National Assistance (Amendment) Act, 1951, to secure the removal of a man requiring care and attention, particulars of which are outlined below:

It was reported on the 4th January, 1967, that Mr. C. was in urgent need of care and attention. Investigation shewed that the man, who lived alone in an upstairs flat, was in an extremely dirty and neglected condition. The bed to which he was confined, had no mattress and old coats and rugs were his only covering.

The flat had no heat and there was very little food. Neighbours stated that food which they had taken to the man had been refused. There were buckets of excreta and urine in the bedroom and rotting food in the kitchen and the pantry.

It was impossible for a full medical examination to be made in the man's home because of the conditions in which he was living. There was, however, ample evidence of the man's malnutrition and gross self-neglect.

Mr. C. was unable to devote to himself, and was not receiving from other people, proper care and attention. However, he flatly refused to enter hospital for the treatment which he so urgently needed.

After consultation and visits to Mr. C's home by a Justice of the Peace, a General Practitioner and a member of the staff of the Medical Officer of Health, an order was made under Section 47 of the National Assistance Acts, 1948, as amended by Section 1 of the National Assistance Act, 1951, for the man's immediate removal to hospital where a bed had readily been made available.

In pursuance of Section 48 of the National Assistance Act, 1948, steps were taken to safeguard the movable property of the patient and in the course of this exercise cash totalling £230.10s.8d. indicating that there was no need for the patient to have been without proper and sufficient food.

Mr. C. remained in hospital until the 2nd August, 1967, without the necessity of applying for an extension of the Order, when he was admitted to an Old People's Home wherein he died on the 4th October, 1967.

There were, however, one or two instances of persons requiring care and attention who at first refused to avail themselves of such facilities as Hospital or Welfare Department was able to provide or to make available, but eventually they were prevailed upon to enter suitable premises without the necessity of invoking compulsory powers.

MAIN DRAINAGE AND SEWAGE TREATMENT

The City Engineer has kindly supplied the following commentary:

Introduction

The effectiveness of a drainage system can be judged by three main criteria:—

- (i) Its ability to convey the sewage and/or surface water discharged to that system without excessive surcharge which might cause flooding.
- (ii) Its ability to operate without polluting the natural watercourses.
- (iii) Its ability to take such additional discharges as might be necessary to allow development and re-development to proceed in accordance with the requirements of the Development Plan.

Measured against these three standards, the existing sewerage system in Coventry is deficient. This is evidenced by the fact that pollution of the watercourses results from very modest rates of rainfall and by the frequency and extent of flooding, both of surface water and foul sewage. Throughout the City there are no less than 84 different locations where sewers are known to flood and 28 locations where flooding takes place from watercourses. These are exclusive of flooding incidents which are a consequence of contingencies such as blockages of gullies or sewers, which are a hazard associated with all sewerage systems.

The Sewerage System

The drainage area of Coventry is divided into three distinct main valleys, the Canley, the Sherbourne and the Sowe, each with its own system of foul water and surface water sewers. Each of the three foul water systems has its own arterial sewer located in the river valley which it serves, and these sewers convey the sewage from the network of branch sewers to the Corporation's sewage treatment works at Finham and Baginton, from whence a relatively pure effluent is discharged into the river system. Where separate surface water sewers exist, these collect the storm water which runs off the surface during periods of rainfall and discharge this without treatment into the natural watercourses which drain the valleys of the Canley, the Sherbourne and the Sowe.

In the older parts of the City the drainage is on the traditional combined system, where one sewer takes both foul and surface water, and during storms these sewers become over-full and the excess of flow over capacity is discharged through storm water overflows into the natural watercourses without treatment. Other areas of the City are on the partially-separate system where the foul sewers carry in addition to the foul water a certain proportion of rainwater usually from the back roofs of houses, whilst the surface water sewers collect the rainwater from the roadways and fronts of houses. This system was in general use in the inter-war years and a large number of housing estates built in Coventry in that period have this system of drainage. Since the foul sewers on a partially-separate system carry a proportion of stormwater, these again may overflow in

the natural watercourses during periods of heavy rainfall with little or no treatment. In general, the Sherbourne Valley sewer which takes the drainage of the older central areas of the City is burdened with a greater proportion of surface water than the Canley and the Sowe Valley sewers which serve the more recently developed areas outside the central areas.

The Causes of Overloading

The following factors have all contributed to the overloading of the sewerage system:—

The suspension of new sewer construction during the war years and for some years after when financial restrictions prevented such works being carried out.

The abnormally large rate of increase in the population of the City.

A general increase in domestic consumption of water per head.

A substantial increase in use of water by industry with a similar increase in trade waste discharge to the sewerage system.

A significant increase in the paved areas in the City has led to an equivalent increase in the surface water run-off into the sewers.

Remedial Measures

In 1959 the Council embarked on a massive programme of main drainage works in order to eliminate the pollution of watercourses and the widespread flooding. At the same time it was resolved that the drainage of all new development should be on the separate system and that where development was to take place, areas previously drained on the combined or partially-separate system should be converted to the separate system. In areas not served by surface water sewers it was decided that in new development, separate internal drainage systems should be provided to allow for full separation of foul and surface water in the future and that, as a temporary expedient, the surface water should be allowed to discharge into the foul water sewer. Private developers have given the Corporation fullest co-operation in the pursuit of this policy.

Priorities

The first difficulty with such a large programme was to decide priorities. An examination of the problem revealed that only in very few areas of the City could an improvement in the local drainage system effect an appreciable amelioration of the situation. Where such was possible and the cost-benefit ratio favourable, local schemes were put in hand. It was, however, obvious that the first stage in making good the deficiencies in the drainage system must be the duplication of the three main valley sewers – the Canley, the Sowe and the Sherbourne – and these major projects were, therefore, allocated the highest priority in the Capital Works Programme. Because of the magnitude of the task it appeared that it might be necessary to prohibit development in the Sowe Valley area pending the duplication

of the main sewer, but with the co-operation and consent of the Sever River Board temporary storm water overflows on the existing Sowe Valley sewer were constructed and the relief afforded by this expedient has allowed development to proceed at a controlled rate in this area.

Progress to date

Since 1959, main drainage schemes totalling £2,118,000 in value have been completed and put into commission, and schemes estimated to cost further £5,984,000 are under construction. Both figures are exclusive of drainage works associated with housing development and redevelopment and works designed and constructed for other Committees of the Council and, therefore, chargeable directly to those Committees.

Future Programme

Of the schemes given highest priority in the Council's Capital Works Programme, only Stage II of the Sowe Valley Duplication has yet to go to contract. But the duplication of the three main valley sewers, the Canley, the Sherbourne and the Sowe, is only the first stage towards the solution of the Council's drainage problems, and full and early benefit can only be derived from this initial capital expenditure if the necessary relief schemes for the branch sewers can be pressed forward with the same sense of urgency.

Trade Effluents

Post war legislation aimed at strengthening the powers of the River Authorities has resulted in more stringent standards being imposed on Local Authorities for the discharge of effluents from sewage treatment works and storm water over-flows. In order to meet these standards the Corporation is exercising its own powers under the various Trade Waste Acts to protect its sewerage system and the sewage purification process and to this end proper control of trade waste discharges is imperative.

Sewage Treatment

The Finham Sewage Treatment Works is the principal centre, and will ultimately be the only centre for the treatment of sewage and waterborne industrial wastes from the Coventry area. The treatment capacity of the works is being substantially increased by extensions now under construction and by 1969 the plant will have a dry weather flow capacity of 10 million gallons per day.

Conclusion

The Capital Works Programme for both Main Drainage and Sewage Treatment must of necessity take full account of the requirements for development and redevelopment in the City and in the areas outside the

ity which drain into the Corporation's sewerage systems. If at any time the extension and duplication of the sewerage system is allowed to fall out of phase with the development and redevelopment programmes then a serious situation could arise.

PUBLIC WATER SUPPLY

I am indebted to the Water Engineer and Manager for the following information as to the City's Water Supply:—

Houses with water laid on	105,834
Houses supplied by stand pipe or similar mains	764
Population supplied direct	333,876
Population supplied by stand pipe or other mains (not direct)	2,292
Total population supplied	336,168

The supply has been satisfactory both in quality and quantity. Information in respect of chemical and bacteriological examinations is as shown in the following table.

CHEMICAL AND BACTERIOLOGICAL ANALYSES

1967

	<i>Samples from</i>	<i>Frequency of Examination</i>	<i>Laboratory</i>
Bacteriological Examinations	All underground supplies, Strensham, and bulk supply from Birmingham	Twice weekly	City Laboratories Service, Coventry.
		Fortnightly	Coventry Public Health Laboratory
	Strensham	Treated water Daily	City Laboratories Service Laboratory at Strensham
		All stages including inlet and outlet Bredon Reservoir —weekly	„
	Distribution System	8 samples each week	City Laboratories Service, Coventry.
Chemical Examinations	New & repaired mains, consumer complaints, etc.	As required	„
	All underground supplies, and bulk supply from Birmingham	Fortnightly	„
		Full chemical and mineral analyses —periodically	„
	Strensham	Treated water and all stages —partial analysis —daily	City Laboratories Service Laboratory at Strensham
		Full analysis, water sampled at Meriden —weekly	City Laboratories Service Coventry
		Full analysis, all stages through works —monthly	„

Chemical
Examina-
tions

<i>Samples from</i>	<i>Frequency of Examination</i>	<i>Laboratory</i>
All underground supplies, Strensham and bulk supply from Birmingham	Fortnightly	City Laboratories Service, Coventry.
	Full chemical and mineral analyses — periodically	City Laboratories Service, Coventry.
Strensham	Treated water and all stages — partial analyses daily	City Laboratories Service Laboratory at Strensham
	Full analysis all stages through works — monthly	City Laboratories Service Laboratory at Strensham

b) The waters are not liable to have plumbo-solvent action.

COVENTRY CREMATORIUM

The Canley Crematorium which is owned and operated by the Parks and Cemeteries Department of the Corporation continued efficiently to fulfil its role in the hygienic disposal of the dead. The Medical Officer of Health as medical referee has the assistance of the Deputy Medical Officer of Health and his two Senior Medical Officers as deputy medical referees.

The figures for 1966 with comparative figures for preceding years are as follows:—

Total Cremations									
1967	1966	1965	1964	1963	1962	1961	1960	1959	1958
2,726	2,658	2,624	2,498	2,422	2,422	2,086	1,992	1,762	1,679
Coventry Residents									
1967	1966	1965	1964	1963	1962	1961	1960	1959	1958
1,574	1,563	1,535	1,392	1,399	1,442	1,190	904	849	814
Residents of other areas									
1967	1966	1965	1964	1963	1962	1961	1960	1959	1958
1,152	1,095	1,089	1,106	1,023	980	896	1,088	913	865

Once again during 1967 the number of cremations (2,726) taking place at the Coventry Crematorium outnumbered, as in 1966, and recently preceding years, the number of burials (1,286) in the City.

MEDICAL ADVISORY SERVICE TO CORPORATION DEPARTMENTS

The figures shown in the accompanying table give some idea of the amount of work carried out by the Health Department under a heading which might be described as Occupational Health Advisory Service. There

is of course no formally constituted occupational health service for the Corporation's staff and employees, but it can be seen from these figures that the nucleus of such a service has long existed (see preamble to the Report on p.p. 19) within the Health Department and could, with some increase in medical and other staff establishments, become far more comprehensive in its cover than it is able at present to be.

The basic essentials of any occupational health service would include the following facilities:—

- (a) medical examinations of personnel, on entry, for specific jobs, for superannuation purposes or to determine the need for job modification or premature retirement.
- (b) a first aid service to deal with accidents and emergency treatment of illness occurring on Corporation premises,
- (c) environmental health control of all Corporation premises in which staff or workmen are employed.

All are invariably found in major industrial concerns (but to a much lesser extent in smaller firms) through the appointment of industrial medical officers or appointed factory doctors, but local authorities in this country have tended to lag behind the majority of some other European countries in the development of such services for their own employees. It is perhaps appropriate to give earnest consideration to this matter at the present time as there is every evidence that, in future, occupational health services will be provided within the general framework of community health services.

MEDICAL EXAMINATIONS AND OTHER ASSESSMENTS CARRIED OUT IN THE HEALTH DEPARTMENT DURING THE YEAR, 1st JANUARY, 1967, to 31st DECEMBER, 1967

1. For superannuation purposes:
 - (a) Superannuation medical decisions based on questionnaire
 - (b) Superannuation medical decisions based on medical examination
2. Medical examinations to determine fitness for a particular post:
 - (a) City Transport Undertaking
 - (i) Initial examination for P.S.V. Licence ..
 - (ii) Routine re-examinations at stipulated ages ..
 - (b) City Fire Brigade
 - (i) Initial examinations
 - (ii) Special Breathing Apparatus Examinations ..
 - (c) Other examinations (e.g. for fitness to work with children, to be employed as school caretakers, etc.) ..
3. Special medical examinations (prolonged sickness, fitness to resume work, possibility of need for premature retirement, guidance regarding need to modify duties, etc.):
4. Food handlers medically cleared (by questionnaire, X-ray and laboratory investigations)

CITY OF COVENTRY

Work of the
Public Health Inspectorate
during
1967

**Report of the Chief Inspector,
B. D. ALLEN, D.P.A., M.R.S.H., M.A.P.H.I.**

Deputy Chief Inspector	..	..	D. H. Evans, M.A.P.H.I.
Divisional Inspectors			
District (West)	..	..	T. E. Willmott, M.A.P.H.I.
District (South)	..	..	D. C. Norcliffe, F.A.P.H.I., M.R.
District (East)	..	..	W. D. H. Kear, D.M.A., M.A.P.
District (Central)	..	..	D. J. Wilson, M.A.P.H.I.
Housing	..	..	R. D. Hayne, M.A.P.H.I., M.R.S.
Housing	..	..	J. Lowe, M.A.P.H.I., M.R.S.H.
Food and Drugs	..	..	G. W. Lilley, M.A.P.H.I.
Meat	..	..	L. Himsworth, M.A.P.H.I.
District Inspectors	..	..	13 (Establishment 15)
Food and Drugs Inspectors	..	..	3
Meat Inspectors	..	..	2
Student Inspectors	..	..	8 (Establishment 10)
Technical Assistants	..	..	7 (Establishment 9)
Chief Public Health Inspector's			
Secretary and Senior Clerk	..	..	Mrs. G. M. Day
Shorthand Typist	..	..	Miss S. E. Brown
Senior Group Clerk	..	..	Miss L. A. Wheatley
Group Clerks	..	..	7
Junior Clerk	..	..	1
Pest Control Officer	..	..	G. M. Evans
Pest Control Operatives	..	..	2 (Establishment 3)
Van Driver/Disinfestor	..	..	1

HOUSING

Under the provisions of the Housing Act 1957, four Clearance Orders were made during the year involving twenty-nine houses, three of which were confirmed without the necessity of a Public Inquiry, whilst the fourth, comprising five houses, after an Inquiry was not confirmed.

A total of 197 houses were recommended for inclusion in Declaration of Unfitness Orders under the Land Compensation Act, 1961, following inspection of 559 houses for inclusion in Compulsory Purchase Orders made under the Town and Country Planning Acts.

Individual Demolition Orders in respect of 19 houses, and Closing Orders in respect of 13 houses were made, and in one instance an undertaking by the owner to render a house fit was accepted.

Following the National House Condition Survey made on behalf of the Ministry of Housing and Local Government, and to which one of the Divisional Housing Inspectors was seconded to take part, it was decided to carry out a similar survey at local level on the basis of a 1% sample, and this was in progress at the end of the year.

Little advantage has been taken by tenants of controlled houses of the power contained in the Rent Act, 1957 to require landlords to make good defects of repair, only twenty-one applications for Certificates of Disrepair having been received during the year. In only one instance was it necessary to issue a Certificate, as in other cases the landlords undertook to carry out the repairs. It would appear that some tenants are unaware, or have forgotten the usefulness of this legislation in order to secure good maintenance of their dwellings, and many, particularly the aged, are afraid of eviction should they invoke the statutory powers.

Houses Repaired			
By owners following informal action by L.A.	..	281	
By owners following formal action by L.A.	..	324	
By L.A. in default of owners	.. ..	20	
		<hr/>	
		625	

Action taken in respect of individual houses which were unfit for human habitation and incapable of being rendered so fit at reasonable expense, is set out in the table below.

Number of undertakings accepted	Number of Closing Orders made	Number of Closing Orders made on parts of houses	Number of Closing Orders determined	Number of Closing Orders revoked and Demolition Orders substituted	Number of Demolition Orders made	Number of houses demolished following Demolition Order
Section 16	Section 17	Section 18	Section 27	Section 28	Section 17	Section 28
1	13	1	Nil	Nil	19	18

Groups of unfit houses which were dealt with under the provisions of the Housing Act, 1957 relating to clearance areas were as follows.

Number of areas	Number of houses unfit for habitation	Number of houses included by reason of bad arrangement	Number of houses on land acquired under Section 43(2)	Number of people to be displaced	
				Individuals	Families
4	29	Nil	Nil	65	28

The result of action taken is shown below.

Number of houses demolished by local authority or owner		Number of people displaced	
Unfit	Others	Individuals	Families
50	Nil	153	51

Improvement of Houses

The Improvement Grant sections of the Housing Act are administered by the Housing Committee, but all properties subject to application for grant are inspected by the Public Health Inspector's Department to ensure that they are suitable for improvement and will fulfil the requirements as to their "life" after the improvements have been carried out. In this respect 707 houses were inspected.

The City Architect and Planning Officer has kindly supplied the following information with regard to Improvement Grants.

Standard Grants

Number of Applications					
Received		Approved		Refused	
Owner occupied	Tenanted	Owner occupied	Tenanted	Owner occupied	Tenanted
597	92	487	157*	Nil	Nil

* Includes carry-over from 1966

Number of Dwellings improved		Amount paid in grants	Average grant per house
Owner occupied	Tenanted		
533	122	£57,091.0.0	£87.3.0

Amenities provided with the aid of standard grants.

Fixed bath	Shower	Wash hand basin	Hot Water Supply	W.C. within dwelling	W.C. accessible from dwelling	Food Store
236	Nil	350	578	379	Nil	159

cretionary Grants

Applications received		Applications approved		Applications refused	
Owner occupied	Tenanted	Owner occupied	Tenanted	Owner occupied	Tenanted
30	4	38*	15*	Nil	Nil

* Includes carry-over from 1966

Number of dwellings improved		Amount paid in grants	Average grant per house
Owner occupied	Tenanted		
36	20	£14,207.0.0	£253.14.0

HOUSING STATISTICS FOR THE YEAR 1967

Number of houses which on inspection were considered unfit for human habitation	91
Number of houses in which the defects were remedied in consequence of informal action by the Local Authority or their officers	28
Number of reports made to the Local Authority with a view to:	
(a) the issue of notices requiring the execution of works	34
(b) the making of Demolition Orders or Closing Orders	3
(c) the making of Clearance Orders	2
(d) the inclusion in Declaration of Unfitness Orders	19
Number of Voluntary Undertakings given in respect of unfit houses	2
Number of notices served requiring the execution of works	62
Number of houses which were rendered fit after the service of formal notices	34
Number of Demolition or Closing Orders made	1
Number of houses in respect of which an undertaking was accepted under Section 16 of the Housing Act, 1957	1
Number of houses demolished	1

The City Architect and Planning Officer kindly gives the following information concerning new dwellings:—

(a) Number of new dwellings erected during the year	2,2
(b) With state assistance under the Housing Acts	1,3
(i) By Local Authority	1,3
(ii) By other bodies or persons	1

REHOUSING

Number of applicants on waiting list, 1st January, 1967	5,7
Number of applicants on waiting list, 31st December, 1967	5,8
Number in Category A (First Priority)	1
Number in Category B (Second Priority)	5
Number in Category C (Third Priority)	4,1
Number in Category D (Fourth Priority)	1,1
Number of families rehoused during the year	2,4
From Category A	6
From Category B	1,3
From Category C	4
From Category D	1

Number of applications for Corporation Houses made during the year 1967	2,756
Number of dwellings erected by the Corporation during the year 1967	1,323
Number of families rehoused as a result of representations by the Public Health Inspector's Department	14
Number of houses voluntarily closed	34

HOUSING ACT 1957 – OVERCROWDING

(Applicants on Corporation Housing List)

(i) Number of houses overcrowded at the end of the year*	119
(ii) Number of families dwelling therein	137
(iii) Number of persons dwelling therein	561
Number of new cases of overcrowding reported during the year	6
(i) Number of cases of overcrowding relieved during the year	55
(ii) Number of persons concerned in such cases ..	249
Particulars of any cases in which dwelling houses have become overcrowded after Local Authority have taken steps for the abatement of overcrowding	Nil
Does not include houses in multiple occupation.	

HOUSES IN MULTIPLE OCCUPATION

The word "family" causes some difficulty in respect of work in connection with houses in multiple occupation.

In a multi-racial community the term "family" is interpreted with wide differences. The 1966 Part Census defined "family" as meaning either

(a) a married couple with or without never-married child(ren) of any age

or

(b) a lone parent with his or her never-married child(ren) of any age,

a definition which agreed with the definition already adopted by the Public Health Inspector's Department in the assessment of overcrowding.

Dictionary definitions of family vary from, member of a household, parents, children, etc., and a group of persons interrelated by blood and marriage. In the former the word household does not help at all in the definition and in the latter the definition is at its widest. One is left with the problem of what is a family under the Housing Act? It is interesting to note that in the compensation details under the Housing Acts in relation to financial interest in a house, "family" means husband, wife, children over 18 and parents of the said husband and wife. Can we not then add children under 18 and use that as an acceptable definition for family for other purposes of the Housing Acts?

The immigrant from Asia considers "family" in its widest possible terms and it is the usual pattern for close or distant relatives to live together in one household albeit (by the Census definition) comprising several "families".

During the year the local authority laid information before the Magistrates' Court alleging overcrowding in a house in the City in which the owner/occupier, living with his wife and two children, had permitted his brother-in-law and his family of wife, three children and mother to take up residence in the house, thereby increasing the number of occupants above the limit specified by a direction already in force. The Justices on second hearing found that there was only one family in occupation (there being ample evidence of communal living and of a blood relationship) and that for this reason there was no overcrowding. The local authority appealed to the Queen's Bench Division of the High Court with a hope that the term "family" might be legally defined. However, from this aspect the Judgement was to the effect that it mattered not what relationship existed between occupants, the criterion was simply the number of individuals in occupation; accordingly the magistrates were instructed to convict.

We are still left, therefore, with the problem of deciding whether a dwelling which is not unlawfully overcrowded by an assessment of the number and size of rooms becomes overcrowded when one makes an assessment of the kitchen facilities, sanitary arrangements, etc. Should we accept communal living in houses which are fundamentally designed as one-family units? In practice it has been found that one cannot gener-

judging these problems: each case must be given individual consideration. There are two standards to be considered in fact: one of overcrowding and one of over-occupation. But above all, the primary object is to make all premises reasonably suitable for occupation, if only for the time being, pending a much needed improvement in the availability of houses to rent.

During the year the number of investigations of houses in multiple occupation totalled 3,738, an 80% increase over the previous year. Many of these visits related to a survey that was started during the year in order to obtain a clearer picture as to the extent of our problem of multiple occupation. In addition, 1,029 visits were made to premises without access being gained.

Formal action was taken in respect of 295 different premises:

(i) for the provision of additional amenities	23
(ii) for the provision of satisfactory means of escape from fire	30
(iii) to prevent or reduce overcrowding	53
(iv) to apply a code of management	17
(v) to make good neglect of proper management	20
(vi) for the provision of information	290
(vii) in respect of general disrepair	81
(viii) under closing order provisions of the Housing Act, 1957	2

A total of 31 summonses was issued, of which one was subsequently withdrawn and 18 set down for hearing in 1968. The remaining 12 summonses all related to overcrowding, one of which was dismissed. One other summons was successfully appealed against in the Queen's Bench Division of the High Court.

Fines totalling £97 were imposed, and costs of £36 15s. 6d. awarded against the local authority. No application was made for costs in the appeal; no costs were awarded against the local authority in the dismissed cases.

CARAVANS

A caravan is a housing unit of a special type with problems distinct from traditional housing.

There were at the close of the year 349 caravans, used for living purposes, in the City. These were located on 16 sites. 335 of these are licensed on seven licensed sites and the Local Authority site. Of the remaining eight sites, four are occupied by members of the Showmen's Guild, and as such are exempt from the licensing provisions of the Caravan Sites and Control of Development Act, 1960; the remaining four sites are occupied by individual caravans and are unlicensed. Applications for licences to be issued in respect of three of these sites have been made to the Local Authority.

One site licence was issued during the year. This was for a single caravan stationed on land incorporated within the City with the 196 boundary extension and, as it had occupied this site for over 20 years, had established existing use rights.

The following table gives details of caravan sites as they existed on 31st December.

Local Authority Site	Seven Licensed Sites	Four Unlicensed Sites	Five Sites Occupied by members of the Showmens Guild
154 caravans	181 caravans	4 caravans	10 caravans

Fire risks on caravan sites appear to be one of the most serious hazards likely to cause injury and damage to persons and caravans. On such incident occurred in the City. Fortunately there was no personal injury. However, no fire fighting facilities were provided although the time limit for carrying out the work had expired. The required fire fighting facilities were provided at very short notice after the fire. This incident was considered by the appropriate Committee, who decided to warn the site owner about non-compliance with the conditions within the specified time.

FOOD AND DRUGS SAMPLES STATISTICS

	1966	1967
Total Number of Samples	1,341	1,256
Number of samples unsatisfactory	163	149
Percentage found to be satisfactory	12.15%	11.87%
Milk Samples	605	717
Number of samples unsatisfactory	61	72
Percentage found to be adulterated	1.33%	0.56%
Percentage found to be deficient of milk solids other than milk fat	7.27%	8.37%
Percentage found to contain antibiotics ..	1.48%	1.12%
Samples of Food Excluding Milk	543	424
Number of samples unsatisfactory	68	61
Percentage found to have unsatisfactory labels	3.50%	6.13%
Percentage found to be adulterated	7.18%	8.26%
Samples of Drugs	193	115
Number of samples unsatisfactory	34	16
Percentage found to have unsatisfactory labels	6.22%	2.61%
Percentage found to be adulterated	7.25%	11.30%
Percentage found to be unsatisfactory due to to age	4.15%	—
Percentage found to contain excessive lead, copper, etc.	—	—

FOOD SAMPLES

Food samples	424
No. of samples unsatisfactory	61
No. found to have unsatisfactory labels	26
No. found to be adulterated	35

As can be seen from the above table, just less than half of the samples that were reported as being unsatisfactory were so reported because of some defect or error in the label attached to the food concerned. Many of these criticisms were based on the recommendations of the Food Standards Committee in their report on claims and misleading descriptions. No serious deviation was, however, noted and in the majority of cases the manufacturers concerned have undertaken to rectify the labelling errors as soon as it is reasonably possible to do so.

Towards the end of the year a number of samples of continental and oriental foods were obtained, and it was noted that the labels on some occasions were written in the language of the country of origin. With other oriental foods, many quaint English expressions and spellings were noticed. One product according to the label had been "socked in mustread oil" whilst another contained a "premitted pteservative". All these matters have, of course, been taken up with the various importers concerned and correction of the labels has been promised.

Of the samples which were found to be compositionally unsatisfactory, perhaps the most serious concerned grapefruit concentrate which was found to contain sulphur dioxide over 100% in excess of the maximum amount allowed by the Preservatives in Food Regulations, 1962. The manufacturer was contacted and he withdrew the remaining stocks of the concentrate. The provisions of the Preservatives in Food Regulations, 1962, were explained to him and he altered his manufacturing arrangements to comply with the Regulations.

A sample of a soft drink was found to contain a number of small vegetable organisms and investigation revealed that these organisms were present in the water supply in the area in which the soft drink had been manufactured and bottled. Filtration was advised before the water was used.

A survey was done on various brands of canned fruit salads. Whilst there is no legal standard for the percentage of fruit which should be present in a fruit salad, there is a code of practice which was issued in 1961 giving minimum and maximum level recommendations for each type of fruit normally present in fruit salad. A number of the samples obtained were found to be at variance with this code of practice and the attention of the manufacturers concerned was drawn to the sample results.

MILK SAMPLES

Total number of milk samples	..	..	..	..	..
No. unsatisfactory	..	..	..	..	..
No. found to be adulterated	..	..	..	..	..
No. found to be deficient of milk fat or solids not fat	..	..	..	..	..
No. found to contain antibiotics	..	..	..	..	..

During the early part of the year considerable concern was felt about the poor quality of milk coming from farms to processing dairies in the City. During the period from January to May, a sampling programme revealed that 12.8% of such milk was of an inferior quality and falling short of the presumptive standard laid down in the Sale of Milk Regulations, 1939 because of deficiencies in milk fat and in milk solids other than milk fat. In two instances milk fat deficiencies in excess of 30% were recorded. The majority of the deficiencies, however, were of milk solids other than milk fat. The application of the Hortvet freezing point test in most cases indicated that no adulteration of the milk had occurred through the addition of water.

The two serious fat deficiencies were in a series of samples taken from the milk produce at two farms. "Appeal to Cow" samples were taken and these also produced bad results and proved that no deliberate adulteration of the milk was taking place. The dairy farmers concerned were advised to seek expert help and guidance, and the matter was also discussed with the Milk Marketing Board and the Ministry of Agriculture, Fisheries and Food. Subsequent samples were taken and these were found to be satisfactory.

The results of unsatisfactory samples were sent to the dairy farmers concerned, together with a request that the quality of the milk be improved. The National Farmers' Union and the Milk Marketing Board were also notified of the poor quality of milk and asked to advise on good methods of animal husbandry. All dairy herds need careful husbandry, especially during the late autumn and early part of the winter, with careful attention paid to the provision of a balanced diet. This is a difficult problem and every farm may need different advice, but it would appear that once milk of poor quality is being produced a change to better balanced diet will greatly improve the milk over a fairly long period of time. This is why a balanced diet before Christmas may be more important than diet in February.

The analysis of 316 ex-farm milks also included an examination for antibiotic residues. Some eight samples were found to contain penicillin, and the milk from one farm was found to contain the antibiotic on three consecutive days. In this case legal proceedings were taken and a fine of £10 was imposed on the farmer. The general results are, however, much improved on the previous year. Nevertheless, the question of antibiotics in milk has been taken up with the Ministry of Agriculture, Fisheries and Food, the Milk Marketing Board and the National Farmers' Union and with all the farmers sending milk into the City, in an endeavour to further reduce the presence of antibiotics in milk.

Every farmer sending milk into the City was advised as to the dangers to human health that could arise from drinking milk containing penicillin. They were asked to take every care, and exclude from sale the milk from cows that had been treated against mastitis by antibiotics (penicillin) for the recommended time period (usually 48 hours). The question as to whether or not a harmless marker "dye" could be used in veterinary

antibiotic preparations was raised with the Ministry of Agriculture. Such a dye would show a colour in the milk of any animal which was secreting any antibiotic residue. Farmers could easily detect the dye and so have an extra indicator to help them to decide on milk to be excluded from sale. As yet the Ministry are not satisfied that a suitable and reliable dye is available.

DRUG SAMPLES

Total number of samples	..	..	..	..	..	..	11
No. unsatisfactory	..	..	..	..	..	..	1
No. unsatisfactory due to labelling			..	..	..	..
No. adulterated	..	..	..	..	..	..

Samples were again taken from the whole range of drugs, ranging from common aspirin to the most sophisticated stimulants. The samples also included a number of old-fashioned herbal remedies.

A number of samples of soluble aspirin for children were found to be unsatisfactory due to the presence of amounts of free salicylic acid in excess of the limit laid down in the British Pharmacopoeia. Further research work is being done on this subject in association with the Public Analyst.

A sample of herbal tea was found to contain a large amount of spider beetles. Investigation at the premises from which the sample was obtained revealed that the infestation had occurred elsewhere. The distributor was informed and he arranged for the withdrawal of the remaining stocks. The distributor also stated that these herbs, which are part of a series of old-fashioned compound herbs, are now being replaced by a superior brand of herb which will be far less susceptible to insect infestation.

In each case, the result of the unsatisfactory sample was brought to the attention of the manufacturer concerned.

The samples taken of drugs which are only available on prescription included antibiotics, analgesics, antacids, cardiovascular reactants, diuretics, oral contraceptives, sedatives, vitamin preparations and drugs which act on the respiratory and central nervous system. It is most pleasing to report that only one of these drugs received an adverse report so far as quality is concerned. This record indicates the care and concern being exercised by local Pharmacists to ensure that the drugs they dispense are of the required quality.

FOOD CONTROL

Foreign Bodies in Food

During 1967, 53 complaints were received concerning the presence of foreign bodies in food. The varieties of foreign bodies found numbered 14, the most frequent being insects (adults and larval stages) which were found on 29 occasions. Metallic objects (metal turnings, screws, needles) were found on five occasions.

The 14 varieties of foreign bodies were found in 31 different types of food products, and of these bread was involved on 12 occasions. An unusual complaint concerned doughnuts which were partly covered with paint. The paint had been picked up in the bakery concerned from equipment which itself had recently been painted. One is at a loss to account for management that can allow newly painted equipment to be used for food manufacture. The worker as well must carry some responsibility for careless actions such as this.

The complaints that are actually received in the Department represent possibly only a small fraction of those which might well have been made. Many people take their complaints directly to the shop from which the food was purchased and presumably receive satisfaction through the replacement of the product concerned or by re-imbursment of its cost. Insofar as complaints made to the Public Health Inspectors' Department relating to foods which were produced in the City are concerned, on every occasion visits were made to the premises where they were manufactured and a detailed inspection carried out. It is obvious that sufficient care is being exercised by persons engaged in the manufacture of foods and the food industry must give more attention to this problem if it is to be overcome.

Fit Food

A total of 110 complaints have been made concerning the fitness for consumption of 50 different varieties of food products. In 20 of these cases it was found that the complaint was unjustifiable and, of course, no further action was taken in respect of them. Of the 90 complaints which were justified, mould was found on 46 occasions and decomposition on 20 occasions. Some 21 of the complaints involved confectionery and bread.

Food Inspection

Unsound Food Surrendered or Condemned

						<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>lbs.</i>
Meat and Meat Products	..	..	..	..	..	1	7	4	7 $\frac{3}{4}$
Canned Meats	..	..	..	..	..	3	2	1	5 $\frac{3}{4}$
Fish	..	..	..	..	..	3	8	1	2
Fruit and Vegetables	..	..	..	..	..	25	18	3	5
Other Foods	..	..	..	..	..	2	1	0	17 $\frac{1}{2}$
TOTAL						35	18	2	10

In each of the 90 complaints an investigation was made, representations being made both to the vendors and the manufacturers. Where the manufacturer was situated in the City a complete inspection was, of course, carried out at the premises concerned. Inspections of food on display for sale in shops revealed on a few occasions further unfit food and in these cases the food was seized and brought before the Justices of Peace for condemnation.

The sale of food which is unfit for consumption is, in almost every case, brought about by the negligence of shop staff, either through a failure to rotate properly the stock, or a failure to carry out an examination of the food which is on display for sale. Shop-keepers are advised to ensure that certain perishable meat foods are not retained in the premises for a greater period than 48 hours and also, in relation to pre-packed foods, they are advised to institute a simple coding system of their own which will indicate to them the date of delivery to the shop and thus make proper stock rotation possible.

The sale of unfit food arising from a lack of care is negligence which there can be no excuse.

Prosecutions

Section 2, Food and Drugs Act 1955	..	..	..	6
Section 8, Food and Drugs Act 1955	..	..	..	7
Total Convictions	..	..	..	13
Total Fines and Costs	..	..	..	£223 17s. 0d.

BACTERIOLOGICAL EXAMINATION OF FOOD

During the year 85 samples of food were submitted to the Public Health Laboratory for bacteriological examination. The samples are tabulated below:

Article	Number Submitted	Article	Number Submitted
Carrots	1	Potatoes (creamed)	2
Cream	12	Salad	1
Cream Confectionery	28	Salad Cream	1
Custard	4	Sausage Rolls	7
Goat's Milk	1	Sponge Pudding	1
Lam	3	Whipped Cream	8
Imitation Cream	1	Whipped Imitation Cream	1
Imitation Cream Confectionery	3	White Sauce	1
Jelly	1	Yoghurt	8
Luncheon Meat	1		

The samples of cream, whipped cream, cream confectionery and sausage rolls were taken as part of a research project carried out in the Department. This project is being undertaken in order that information may be gained concerning the bacterial contamination that can occur in shops where articles of high risk foods are displayed for sale for long periods of time in unrefrigerated conditions. At the moment an insufficient number of samples have been taken to allow conclusions to be drawn from the results. However, when unsatisfactory results have been reported, the matter has been taken up at the premises concerned and appropriate action given. Work on this project will continue during the coming year.

The majority of other samples were taken as a result of notification of suspect cases of food poisoning. In each case, however, examination of the food concerned did not reveal the presence of food poisoning organisms.

In addition to the samples of food tabulated above, five samples of bone meal fertiliser were also submitted to the bacteriologist for examination. Of these, four were found to contain salmonella organisms.

Bone meal is sold in packeted form from some food shops and also from some chemist shops. The fact that salmonella organisms (which cause food poisoning) are often found in bone meal introduces to these shops a risk of contamination, as the hands of staff working in the shops store near the bone meal may well become contaminated. They may infect themselves and infect customers and other staff. It is, therefore, necessary that the greatest care is taken in large stores with food sections that such fertiliser is stored in some place far away from items of food and utensils used in the preparation of food. All the shops concerned were advised of the risk and were recommended not to store or sell this material.

It is also essential that care is taken in houses to ensure that fertilisers are stored in an out-house or garden shed and further that when a fertiliser has been used in the garden the hands are thoroughly washed immediately afterwards. The family kitchen or larder is not a suitable place to store bone meal.

MILK

It is estimated that the quantity of milk processed daily in the City is 35,500 gallons and, in addition, 18,700 gallons are processed in other areas and distributed in the City. Of this total 3,000 gallons of milk are sent to Rugby, Leamington Spa, Kenilworth and Bedworth each day.

The 54,200 gallons of milk are made up as follows:

Pasteurised Milk	..	..	..	..	..	39,900
Channel Island Pasteurised Milk	..	..	..	..	..	1,900
Sterilised Milk	..	..	..	..	..	12,400
Untreated Milk	..	..	..	..	..	Nil

Purveyors of Milk

Number of Retail Purveyors selling milk in the City:						
Wholesale and Retail Dairymen	..	..	..	..	..	50
Retail purveyors selling bottled milk only from shop premises	..	..	..	..	..	527

Designated Milk

The following table sets out the number of licences in force at the end of the year:

Pasteurised Milk – Pasteurisers' Licences	..	..	..	5
Pasteurised Milk – Dealers' Licences	..	..	..	427
Sterilised Milk – Dealers' Licences	..	..	..	452
Untreated Milk – Dealers' Licences	..	..	..	174

During the course of the year one dairy has ceased to process milk and the Pasteuriser's Licence was, therefore, revoked. Another pasteuriser in the City has now moved in to a new dairy and is pasteurising milk by means of the high temperature short time process. There are now 1,000 licences in existence in the City authorising the pasteurisation of milk by the holder process.

The following table indicates the results secured from sample testing of designated milk which were subjected to the prescribed tests.

Designation	No. of Samples Obtained	No. Satisfac- tory	No. Unsatisfactory			
			Total Unsatis- factory	By Methylene Blue Test	By Phosphatase Test	By Turbidity Test
sterilised	189	185	4	1	3	—
sterilised C.I.	82	80	2	2	—	—
sterilised	92	92	—	—	—	—
TOTAL	363	357	6	3	3	—

Brucella Abortus

The following samples of ex-farm milk were submitted for examination for the presence of Brucella Abortus. The samples were taken from farm consignments on arrival at the various processing dairies in the City.

Number of supplies of raw milk examined	26
Number of positive samples found	—

Ice Cream (Heat Treatment Etc.) Regulations 1959 and 1963

During the year 172 samples of ice cream were obtained and submitted to the Public Health Laboratory for examination for bacteriological cleanliness. The samples were submitted to the modified Methylene Blue Test, and on the results of this test the samples were placed in one of four grades in accordance with the Ministry's provisional grading system.

The samples taken were graded as follows:

Grade 1	89
Grade 2	30
Grade 3	27
Grade 4	26

The samples falling within Grades 1 and 2 are regarded as being satisfactory, and those falling in Grades 3 and 4 unsatisfactory.

The number of samples taken during the year was considerably increased when it was found that a far higher percentage of samples were falling into the unsatisfactory grades. Many of the unsatisfactory samples were, however, being obtained from only two manufacturers, one situated in the City and one outside the City. Advice to the manufacturers on the sterilisation of equipment resulted in subsequent satisfactory samples.

Attention was also paid to the vehicles used for the sale of ice cream, particularly those using a soft ice cream freezing machine. Detailed advice was given in respect of the cleansing and sterilising techniques which should be used in connection with these machines and this advice resulted in satisfactory results from samples obtained from them.

The second source of unsatisfactory samples was situated outside the City, the ice cream mix being delivered to certain ice cream vendors in Coventry. Samples of the mix were taken at the time of delivery and these were found to be unsatisfactory. The matter was discussed with the manufacturer and with the Public Health Inspector in whose district the factory premises are situated. An inspection at the factory by that authority's inspectors revealed unsatisfactory conditions. Steps were taken to rectify these conditions with the result that the latest samples were found to be satisfactory.

The high number of unsatisfactory samples (approximately 31% of the samples taken) illustrates the necessity for constant vigilance, both by persons engaged in the manufacture and distribution of ice cream and by the Public Health Inspector's Department if ice cream is to remain a "safe" product. It must be remembered that this product has, in the past, given rise to food poisoning, in some cases with fatal results.

The results have also illustrated in a very positive manner that the Methylene Blue test is capable of indicating unsatisfactory conditions, and would seem to support the argument that compliance with the Methylene Blue test should become a statutory requirement and not merely a recommendation.

FOOD HYGIENE

During the year 13,105 inspections were made of the various food premises in the City. As a result of these inspections, it was necessary to serve 1,049 notices in respect of 4,135 contraventions of the Food Hygiene (General) Regulations, 1960. In addition legal proceedings were taken on seven occasions and these resulted in fines and costs totalling £290 6s. 0d. being imposed on the defendants.

One case, taken under the provision of Regulation 8 (so placing food as to involve the risk of contamination) was of particular importance. Open foods were placed on top of a glass plate on the counter, and as the foods concerned (pork pies and cooked black pudding) were likely to be eaten without further cooking, it was felt that the provisions of Regulation 8 had been contravened. The Magistrates found the case proved and imposed a fine of £30. The most disturbing feature of the case was that there were adequate glass display cases on the counter but these contained raw meat and tinned goods, showing that after 13 years of the enforcement of the Food Hygiene Regulations the lessons of food protection have still not been learned. Furthermore, the firm had been warned on two previous occasions to amend their display.

During the year the Coventry Consumers' Group carried out a survey in certain food shops of the way in which open food was displayed for sale. This work of the Group is welcomed and it is hoped that it will encourage the housewife to be more selective in the type of food shop she patronises. Food that has been open to the coughs, sneezes and touch of all the

customers using any shop is potentially dangerous, and certainly aesthetically repulsive.

This survey produced some violent reactions from certain traders. Comments of the Group's "shoppers" were passed to the Public Health Inspector's Department. The shops were visited and in most of the cases it was found that food on display was liable to risk of contamination. The "shoppers" inspectors had done their job well and the irritated traders were advised that their angry attitude was wrong. These people were their customers, and had a right to receive, by way of purchase, sound, wholesome food that had not been exposed to avoidable risk of contamination. They were in effect doing the shop keeper in the long term a service and enabling him to safeguard his customers and indirectly his business.

In the face of big business the individual consumer is a very small fish. Though the collective action of the Consumers' Group they can become a large and irritating shoal. They can demand and ensure that they receive prompt and adequate service with proper regard to hygiene in connection with their purchases. Properly conducted, their activities can assist the Public Health Inspector in raising standards to the required legal level.

Attention has been given during the year to licensed premises. A number of unsatisfactory conditions were noted and particular concern was felt about two aspects of food hygiene, "washing up" techniques and smoking whilst serving drinks. In an effort to try and improve these matters, a letter was sent to each licensee in the City advising him of the "washing up" technique and drawing his attention to the fact that the Food Hygiene (General) Regulations make it an offence to smoke whilst selling open food. Beer is food within the meaning of the Food and Drugs Act and a pub is a food business and not a social activity run by the host. Many publicans do not realize this. More and more pubs are now giving a wider catering service. There is need for additional training in food hygiene for both landlords and their staff. This is one section of the food industry where great improvements are needed.

Though some improvement is still being made in the standards of food hygiene in premises in the City, progress is very slow. Too many instances of unsatisfactory conditions are still being found on inspection, and for this type of prevention there can be no excuse. An inspection of one restaurant recently revealed very dirty and unsatisfactory conditions. As a result of action taken by the Department, commando cleaners were employed to clean the premises by blitzkrieg methods. When the premises were inspected a vast improvement was immediately noticeable, but it was also found that the removal of dirt from the floor had allowed water to pass through the joints of the tiles and drip into the room below. A sad state of affairs which needs a layer of grease and dirt to make a kitchen floor water-

After twelve years of enforcing the Food Hygiene Regulations I think it is fair to say that we are winning the battle in relation to cleanliness standards. But, as indicated in the report for 1966, we have yet

to win the battle against dirt. Dirt is quite simply a removable substance (usually grease or other food waste) that should not be there. The law requires that premises be kept clean – this is not solely a device of the Coventry Health Committee and the Public Health Inspector's Department – it is a legal requirement. Some cleansing in food premises needs to be done continually, but all removable dirt should be removed daily by the end of the working day. This means a cleansing routine and staff (and management) discipline.

Failure to clean adequately is found both in commercial and training kitchens – this latter indicates something or someone seriously at fault. Sometimes I fear that some so-called trained food workers enter the catering or food trades with bad methods uncorrected in their training. A dirty worker and a dirt-tolerating supervisor or manager constitutes a risk to public health. The “slap happy” worker in a kitchen is all too often crossed with a “couldn't care less” manager – a highly dangerous combination to the consumer.

Many contraventions of the Regulations have been rectified by informal action. It is good to report that more owners of food businesses are now seeking guidance on food hygiene problems. This feature is encouraging, and advice will always be gladly given to such persons by their architects. It is particularly helpful if, in the case of proposed alterations to existing premises or proposed new premises, contact is made while the proposals are still in their draft form for this can save time, money and perhaps most of all, maintain good relationships between the persons concerned and the Public Health Inspector's Department.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

Premises	No. of Premises	No. fitted to comply with Reg. 16	No. to which Reg. 19 applies	No. fitted to comply with Reg.
General Food Shops	2,219	2,219	2,194	2,194
Greengrocers	247	247	247	247
Cafes and Restaurants	168	168	168	168
Confectioners	378	378	378	378
Fish Friers	82	82	82	82
Butchers' Shops	271	271	271	271
Markets	3	3	3	3
Canteen Kitchens	108	108	108	108
School Kitchens	103	103	103	103
Bakehouses	22	22	22	22
Cooked Meat Manufacturers ..	145	145	145	145
Food Warehouses	13	13	13	13
Public Houses	237	237	237	237
Total No. of Premises	3,996	3,996	3,971	3,971

**LEGAL PROCEEDINGS TAKEN BY THE DEPARTMENT UNDER THE
FOOD AND DRUGS ACT AND
THE FOOD HYGIENE (GENERAL) REGULATIONS**

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Section 2, Food and Drugs Act, 1955. Presence of a Savoury Faggot containing pieces of wire	Convicted	£20.0s.0d.	£3.3s.0d.
Regulations 16, 18, 19 and 23. Food Hygiene (General) Regulations, 1960. Absence of nailbrush, towels and water supply to wash hand basin; absence of efficient cupboard or locker accom- modation; absence of water supply to floors, walls and ceiling of food rooms not kept clean and in good order, air and condition	Convicted	£90.0s.0d.	£4.4s.0d.
Regulations 5, 6, 12, 16 and 21. Food Hygiene (General) Regulations, 1960. Unlawful business in insanitary premises; utensils of equipment not kept clean; drained inlet to drainage system; absence of supply of hot water and nailbrush to wash basin and dirty con- dition of towel; absence of ventilation.	Convicted	£38.0s.0d.	£5.5s.0d.
Section 2, Food and Drugs Act, 1955. Presence of a Faggot containing a water- proof plaster	Convicted	£20.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Selling in possession for the purpose of sale four Dover Soles and eight Loins unfit for human con- sumption	Convicted	£80.0s.0d.	£5.5s.0d.
Regulation 9, Food Hygiene (General) Regulations, 1960. Smoking while handling food	Convicted	£10.0s.0d.	£2.2s.0d.
Regulations 8 and 33. Food Hygiene (General) Regulations, 1960. Food so stored as to involve the risk of con- tamination	Convicted	£30.0s.0d.	£5.5s.0d.
Regulations 16 and 23, Food Hygiene (General) Regulations 1960. Absence of supply of hot water, nailbrush and towels to the wash hand basin; walls, floors, windows and shelving not kept in clean condition	Convicted	£20.0s.0d.	£4.4s.0d.
Section 105, Food and Drugs Act, Obstruction	Convicted	£2.0s.0d.	£3.3s.0d.

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Section 2, Food and Drugs Act, 1955. Sale of Loaf containing piece of string	Convicted	Absolute Discharge	£3.3s.0d
Section 8, Food and Drugs Act, 1955. Sale of Pork Pie unfit for human consumption	Convicted	£10.0s.0d.	£3.3s.0d
Regulations 5, 6 and 23, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises; dirty condition of equipment; dirty condition of floor	Convicted Absolute Discharge Regulation 23	£50.0s.0d.	£3.3s.0d
Section 8, Food and Drugs Act, 1955. Sale of Bread Rolls unfit for human consumption	Convicted	£20.0s.0d.	£5.5s.0d
Section 2, Food and Drugs Act, 1955. Sale of Milk containing antibiotic residue	Convicted	£20.0s.0d.	£5.5s.0d
Section 2, Food and Drugs Act, 1955. Sale of Hot Cross Bun containing string; sale of Loaf of Bread containing a spent match	Convicted	£30.0s.0d.	£5.5s.0d
Section 8, Food and Drugs Act, 1955. Sale of Pineapple Cake unfit for human consumption	Convicted	Vendor: £20.0s.0d. Manufacturer: £25.0s.0d.	£5.5s.0d
Regulations 5, 14 and 16, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises; dirty condition of sanitary accommodation; absence of supply of hot water, soap, nailbrush and towels to wash hand basin	Convicted	£25.0s.0d.	£3.3s.0d
Section 8, Food and Drugs Act, 1955. Sale of two Packets of Sausages unfit for human consumption	Convicted	£20.0s.0d.	£5.5s.0d
TOTALS		£530.0s.0d.	£75.11

BAKEHOUSES

The table below shows the number of bakehouses in the City operating on the 31st December, 1967, and the number of inspections which were carried out during the year.

Number on Register – 1st January, 1967	..	..	28
Number closed during the year	..	..	6
Number of changes in occupation	..	..	0
Number of new bakehouses opened	..	..	1
Number on Register – 31st December, 1967	..	..	23
Number of Inspections carried out during the year	..	..	269
Number of Contraventions (Food Hygiene)	..	..	393

It was found during the early part of the year that standards of hygiene in some bakehouses were beginning to deteriorate and, therefore, special attention was paid to them. It was necessary to inform them of contraventions under the Food Hygiene (General) Regulations, 1960 in respect of 14 of the bakehouses, and some letters made reference to many contraventions of the Regulations.

It is distressing to have to record that it was necessary to severely criticise the unsatisfactory conditions in half of the bakehouses in the City, particularly when so many of the criticisms were about dirty conditions. In one case not only was there an apathy towards cleansing by the staff concerned, but a positive resentment that this work had to be done. Cleanliness is at the heart of all food hygiene and is of paramount importance. There can be no excuse for dirt in bakehouses.

During the year, as a result of further visits to these bakehouses, considerable improvements were effected in all cases, and the standards are now at a more satisfactory level.

FOOD AND DRUGS ACT, 1955

Registration

The number of premises registered under the provisions of Section 16 of the Food and Drugs Act, 1955 is set out below:—

No. of premises on the Register 1st January, 1967	..	1,347
No. of premises added during the year	..	49
No. of premises discontinued during the year	..	—
No. of premises on the Register, 31st December, 1967	..	1,396

The premises referred to in the above table are qualified as follows:—

Premises registered for the manufacture of ice cream	..	11
Premises registered for the storage and sale of ice cream	..	1,049
Premises registered for preserved foods	..	243
Premises registered for the cooking of fish	..	93

LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

No. of Egg Pasteurisation Plants in the District	Nil
No. of samples of Liquid Egg submitted to Alpha-Amylase Test	Nil

FOOD HAWKERS

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 came into operation on 1st January, 1967. These Regulations lay down requirements as to food hygiene in respect of markets, stalls and delivery vehicles, thus bringing the requirements in respect of the businesses in line with those contained in the Food Hygiene (General) Regulations, 1960 which apply to premises. The expression "stall" defined in the Regulations as including any stand, marquee, tent, mobile canteen, vending machine, site or pitch from which food is sold and the Regulations apply to mobile shops, hot dog stalls and market stalls.

Many vehicles used as mobile shops are now purpose-built. It is therefore, disturbing to have to record such a high number of contraventions, many of these being in respect of dirty conditions. It was found necessary on one occasion to report contraventions found on a fruiterer's vehicle to the Council who authorised that legal proceedings be taken. This case will be heard by the Magistrates early in 1968. Trading from mobile shops has increased considerably during recent years but until the advent of the new Regulations statutory control was very weak. The hazards associated with the sale of food in this way are as great as in fixed premises and the high number of contraventions already found indicates the urgent necessity for the Regulations.

FOOD HAWKERS — COVENTRY CORPORATION ACT, 1947

Personal Registration 31st December, 1967	Premises Registration 31st December, 1967	No. of Inspections	No. of Contraventions Found
99	58	493	264

POULTRY INSPECTION

There are no poultry processing premises within the City area. Routine inspection of poultry on retail sale is carried out, and the experience of the Department is that the standards of the product are high. During the year 21 chickens and one turkey from one shop were seized and condemned by a Magistrate. Legal proceedings were authorized to be taken against the owner of the food business and the Court Hearing will take place in 1968.

MEAT INSPECTION SERVICE

Public Abattoir

During the year a steady increase in the throughput of cattle and calves was offset by a reduction in pigs and sheep, until September. In the last four months the throughput fluctuated, probably because of restrictions caused by the foot and mouth disease epidemic, the increase in prices because of the import ban and uncertainty as to the future of the abattoir.

A 100% meat inspection was carried out by full time inspectors and the following details were recorded.

Classified Summary of Inspections

Ante and post mortem inspections of animals slaughtered	112,343
Post mortem inspections of animals dead on arrival or in lairs	22
Re-inspections of home-killed meat	59
Detailed inspections of imported meats	28
Detailed inspections of meat from outside sources ..	12
Inspections of canned meats	14
Inspections of other meats	8
Inspections of premises under the Public Health Acts	190

Sound Food

The total weight of meat and offals found to be unfit and surrendered to the owners was:—

	tons	cwts.	lbs.
Abattoir	74	8	101
Wholesale Markets and Depots	2	6	17

Animal Health

The records show no departure from those of previous years so far as incidence of disease is concerned with the notable exception of Fascioliasis (liver fluke disease). An increase in this disease was reported in 1966 ascribed to wet conditions, but conditions must have been worse in 1967 as the number of livers wholly condemned shows a dramatic increase. The table below gives this increase, but does not take into account the large numbers of livers partially affected and trimmed by the inspectors:—

Year	Livers Condemned	
	Cattle	Sheep
1965	827	533
1966	1,420	978
1967	2,526	1,384

One interesting case of generalised *Echinococcus Granulosus* was found in a sow during the year. The cyst of this dog tapeworm is consistently found in livers, lungs and occasionally spleens, but in the case of this sow the cysts were found throughout the musculature and vertebrae as well.

The following tables give the throughput and incidence of diseases and conditions found.

TABLE I

	No. of animals killed	No. of whole carcasses condemned
Cattle excluding cows ..	12,780	4
Cows	2,187	6
Calves	1,002	14
Sheep and Lambs ..	53,338	40
Pigs	43,036	45

Details of disease affecting whole carcasses

TABLE II

	Cattle excluding Cows	Cows	Calves	Sheep	Pigs
Emaciation	—	—	—	12	2
Extensive injuries ..	1	1	—	1	2
Fever	—	—	—	2	—
Immaturity	—	—	2	—	—
Jaundice	—	—	—	—	1
Joint Ill	—	—	3	—	1
Leukaemia	—	—	—	—	—
Moribund	—	—	—	1	—
Oedema	—	3	—	12	5
Pyemia	1	—	—	2	2
Septic arthritis	1	1	—	4	7
enteritis	1	—	3	—	1
metritis	—	—	—	2	—
pericarditis	—	—	1	—	—
peritonitis	—	—	—	—	9
pleurisy	—	—	1	—	6
pneumonia	—	1	4	3	3
Swine Erysipelas ..	—	—	—	—	2
Toxaemia	—	—	—	1	—
Tuberculosis	—	—	—	—	2
Generalised <i>Echinococcus</i> ..	—	—	—	—	1
Tumours	—	—	—	—	1

Parts of carcasses and organs found to be unfit because of disease other than tuberculosis and cysticerci.

TABLE III

	No.	Percentage
Cattle excluding cows	4,162	32.6%
Cows	1,056	48.3%
Calves	41	4.1%
Sheep and Lambs	4,632	8.7%
Pigs	12,024	27.9%

Parts of carcasses and organs found to be unfit because of localised tuberculosis.

TABLE IV

	No.	Percentage
Cattle excluding cows	15	0.12%
Cows	—	—
Calves	—	—
Sheep and Lambs	—	—
Pigs	671	1.54%

Localised *Cysticercus Bovis* was found in 34 cattle other than cows and in six cows, and all 40 carcasses were put into cold storage for the appropriate period.

General

The following products were collected under supervision for pharmaceutical purposes.

TABLE V

	Liver lbs.	Pancreas lbs.	Suprarenals lbs.
Cattle	57,200	7,497	595
Calves		55	
Pigs		3,367	

Hygiene and Meat Inspection

The difficulties of administering the Regulations in Coventry public abattoir with its present operational procedure have been repeatedly stressed in previous reports, and these difficulties increase with every new piece of legislation. So much so that serious consideration was given during the year to effecting a change to a line system. This would simplify public health control and, apart from capital costs, would in the long term be more economical. However, the abattoir operates at a loss, and whether this is justifiable expenditure depends on a decision as to whether slaughtering facilities should be a public health service or should be a trading operation and expected to be an economic proposition. To be an economic proposition the throughput would need to be sufficient to ensure full use of all equipment and other services. From information available this is not possible at the expense of other slaughterhouses. Obviously to reconcile public health and economic requirements would require a rationalisation of the meat industry.

A difficulty will arise in November 1968 unless further improvement is made in slaughtering methods and facilities. In that month the final part of the Slaughterhouses (Hygiene) (Amendment) Regulations, 1966 comes into force. From that point in time as the law stands now wiping cloths will be prohibited by regulation. This will be a welcome departure from an unsatisfactory method of cleaning down meat carcasses. A method that the butchery trade has, in its apparent ignorance of bacterial risks, used and pleaded to be allowed to retain. A method that all too often succeeds in spreading and rubbing in spoilage (and possibly pathogenic) bacteria into the surface of the meat. Cloth wiping made what can only be described as "clean looking" but bacteriologically unsatisfactory meat.

AIR POLLUTION

INDUSTRIAL SOURCES

Co-operation from all parties concerned has meant that pollution from industrial sources continues to decrease. Advice from the advisory and technical staffs of the coal and oil industries has been given generously before.

Eight notifications of intention to install a furnace were received in accordance with Section 3(3), and nineteen applications for prior approval of furnaces in accordance with Section 3(2). In no case were alterations required. Likewise, of the sixteen plans showing new chimneys all were approved, and only four required increased height compared to the height suggested in the notification. This again is an improvement. Section 10 for the control of chimney height of new installations is the method by which local authorities control industrial smoke and sulphur pollution.

Observations throughout the City indicated that only one chimney was erected which did not comply with approved plans, and none was outside the control of Section 10.

Contraventions of the Dark Smoke Provisions of the Clean Air Act, 1966 numbered 25, but no legal proceedings were instituted.

Of the three boiler plants where grit emissions were a nuisance, one was under the control of a Committee of the Council, and another a boiler plant controlled by a Department of the Crown.

The two major grit nuisances not from boiler plant were caused by the stockpiling of coke by the West Midlands Gas Board at its Foleshill Works and of fuel at the Homefire Fuel Plant of the National Coal Board at Wesley.

The stockpiling of gas coke at the Gas Works has been an annual nuisance for a number of years but, after a mild winter and slow sales, the pile in March finally reached 28,000 tons. Some pictures of heavy vehicles waiting were obtained. (see illustration).

Wind blown grit and dust could be seen everywhere, but an accurate assessment could not be obtained because the temper of the residents made it difficult to position instruments, and none were used until September.

Residents' activities included obstruction to loaded vehicles entering the ward and petitioning everyone connected with the industry. When the stockpiling of coal at the plant ceased on 31st May, the Local Authority informed responsibility no longer was that of the Alkali Inspectorate but was transferred to the City Council, with a public health nuisance from coke storage as a legacy.



Health Committee sent a delegation to the Headquarters of the West Midlands Gas Board in October and obtained certain promises, the major one being to reduce the coke pile near the houses to 10,000 tons. Work to this end was commenced promptly and in due time accomplished.

The Homefire Plant is situated a short distance outside the City boundary, and is the National Coal Board's briquetting plant for the production of smokeless open fire fuel. Although not yet in full production it has been the subject of numerous complaints about noise, smoke emission, odours and dust and there is no doubt that the amenities of the area have been adversely affected. From observations made by members of the Department the blame cannot be placed entirely on this plant, as it is considered that some contribution to some of the nuisances complained of has been made by the adjoining Colliery.

Probably the most serious nuisance, from the residents' point of view, has been the widespread scattering at one period early in the year of fine dust from the piles of broken down carbonised material. A large area of land adjoining the plant has been used for the storage of many tons of broken briquettes, and during dry weather and periods of high winds the dust from the stockpiled material has been carried many hundreds of yards into the houses within the City, where it penetrated windows and doors. Excessive emissions of dense black smoke have been frequent from the main stack, although it is considered that over the past twelve months these emissions have become more infrequent. Some measure of control has been exercised over the emission of smoke, and in order to reduce fume and dust emission from the plant a new ventilation and fume handling system, which includes both scrubbers and electro-static precipitators, has been installed.

The Health Committee of the City Council are fully aware of the nuisance caused by the operation of this plant, and meetings have taken place between representatives of the National Coal Board and Council representatives, and officials of this Authority and the Authority in whose area the plant is situated, together with the Alkali Works Inspector, to try to find a solution to what is proving a difficult problem.

Fourteen complaints were received about industrial fumes. A Nuisance Order was made by the Magistrates in respect of fumes from a fish maker under Section 94 of the Public Health Act, 1936.

Action was taken in respect of three complaints of contraventions of Section 16, and proceedings commenced to obtain a Nuisance Order on the premises of a persistent offender.

One nuisance that caused numerous complaints over a wide area and was extremely difficult to abate was that of offensive gases released from a water filled refuse tip.

The tip, formerly a deep claypit, was situated just outside the City boundary, and complaints concerning the offensive odours were first received late in 1966. Early in 1967 conditions worsened, and many

complaints were received from persons residing over a wide area of the City. That part of the adjacent authority near the tip was sparsely populated.

Materials tipped included many thousands of old motor vehicle tyres, plastics and solid and liquid chemicals. The water was described as "evil smelling, black, suppurating liquid", and the odour of the gas given off was likened to a mixture of "rotten eggs and tomcats".

Consultations took place between the two local authorities, the Severn Catchment Area Authority and the owners of the tip, with the C Analyst acting as adviser. The advice given by the Analyst was not fully carried out, probably because of cost, the River Board refused to allow the liquor to be pumped into nearby ditches because of pollution, and the City Engineer was reluctant to give permission for it to be discharged into the City sewers.

The adjoining Local Authority took statutory action under the Public Health Act, 1936 against the tip owners, and the Court made a Nuisance Order. However, the nuisance was finally abated – after existing for approximately nine months – by pumping the liquid into the Corporation sewer, the times of pumping and quantity pumped being very carefully controlled. The tip was then dredged with drag lines to remove and clear out much of the material there, levelled off and covered with soil.

At the moment it rests there and one wonders if it will erupt again if water gets down into it. This is a sorry failure of planning control, a failure to supervise the tipping method and ensure that undesirable industrial waste was not tipped. The dangers of tipping wastes into water should now be known to all.

TABLE I
ESTIMATION OF ATMOSPHERIC POLLUTION BY STANDARD DEPOSIT GAUGE
TOTAL SOLIDS DEPOSITED IN TONS PER SQUARE MILE 1967

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Monthly Averages		
Edgwick	12.31	11.17	15.22	9.89	3.02	14.74	9.29	12.03	5.27	11.79	10.09	8.42	1965	1966	1967
Stoke Park School	9.24	15.74	10.23	6.01	15.67	—	4.45	4.49	2.49	7.11	2.82	8.20	13.09	13.90	10.27
Foleshill Cemetery	8.16	11.91	24.57	10.71	16.35	8.62	10.20	6.98	4.63	27.96	6.21	10.37	7.19	10.6	9.47
Aldermans Green	19.67	11.73	18.48	10.07	17.03	9.03	8.14	11.91	11.91	14.50	5.37	11.59	10.55	10.81	14.00
Elephant & Castle	18.94	5.97	22.38	18.41	18.41	11.70	8.07	8.91	25.01	8.67	2.93	7.33	10.49	15.03	14.58
Watery Lane, Keresley	7.12	14.17	8.79	8.48	11.49	9.03	10.33	8.62	3.80	8.39	5.61	13.24	11.44	15.30	15.29
													—	9.6	10.74

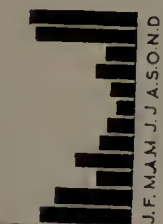
TABLE 2
ESTIMATION OF ATMOSPHERIC POLLUTION BY LEAD PEROXIDE INSTRUMENTS
ABSORPTION OF SO₂ EXPRESSED AS MILLIGRAMS SO₃ PER 100 SQ. CMS. OF LEAD PEROXIDE PER DAY
1967

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Monthly Averages	
													1966	1967
Edgwick	2.70	2.50	2.10	2.10	0.05	0.80	0.40	0.45	0.70	1.10	1.80	2.30	1.78	1.42
Stoke Park School .. .	2.2	1.9	1.6	1.7	0.9	0.6	0.25	0.35	0.50	0.50	1.00	2.40	1.46	1.16
Foleshill Cemetery .. .	3.8	1.9	1.9	1.1	1.1	0.6	0.45	0.60	0.70	1.10	1.30	1.70	1.55	1.10
Watery Lane, Keresley —	1.5	1.0	0.6	0.8	0.6	0.35	0.25	0.25	0.50	0.60	0.80	1.20	0.67	0.70

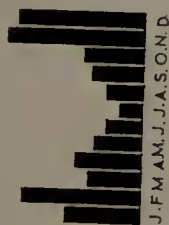
COUNCIL OFFICES
(CITY CENTRE)

200

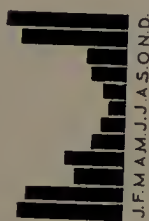
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TECHNICAL COLLEGE



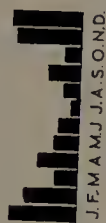
LYNG HALL



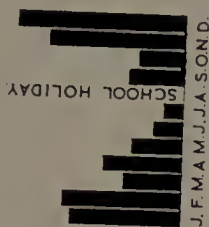
FOXFORD



JARDINE CRESCENT
(SMOKE CONTROL
AREA)



BROAD HEATH



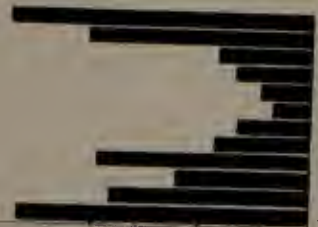
AVERAGE MONTHLY SULPHUR DIOXIDE CONCENTRATIONS IN MICROGRAMMES PER CUBIC METRE DURING 1967.

COUNCIL OFFICES.
(CITY CENTRE)

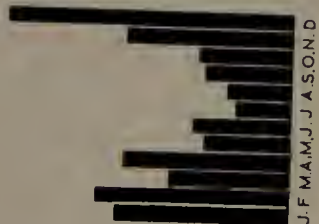
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200

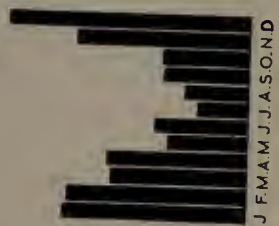
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TECHNICAL COLLEGE



LYNG HALL



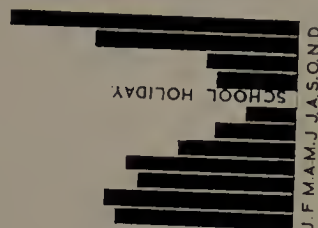
FOXFORD



JARDINE CRESCENT.
(SMOKE CONTROL
AREA)



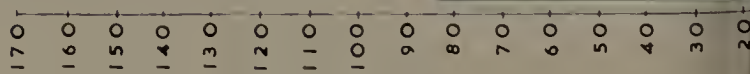
BROAD HEATH



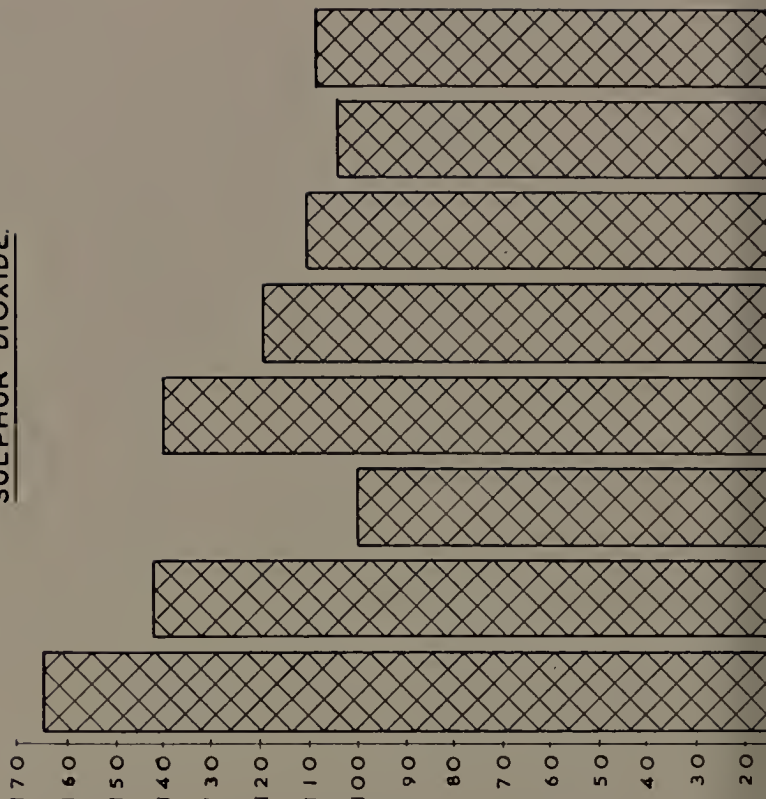
DAILY AVERAGES OF SMOKE AND SULPHUR DIOXIDE CONCENTRATIONS
IN MICROGRAMMES PER CUBIC METRE FROM ALL VOLUMETRIC GAUGES

FOR THE YEARS 1960 - 1967.

SMOKE.



SULPHUR DIOXIDE.



CLEAN AIR ACT, 1956

SMOKE CONTROL AREAS

Smoke control is an environmental improvement of such a magnitude that no city (certainly not an industrial one) should permit any delay in its completion. At present it is a permissive power, but one sees a need for compulsion to provide "clean air" cities.

The establishment of additional Smoke Control Areas was, during the year under review, confined to those Areas for which Orders had already been made by the Council. Surveys of new areas have been discontinued at the time being. This is a temporary suspension of the programme due to present economic difficulties. This is unfortunate, as smoke control improvements benefit every citizen in the area.

In 1966 the Council made Orders in respect of six Areas. These were confirmed during the year and, with one exception, all came into operation during the latter part of the year. Objections were lodged with the Ministry of Housing and Local Government in respect of two Areas; only one objector was involved in each Area, and one was later withdrawn. However, in the case of the other Area the single objector refused to withdraw and an inquiry was held. The Order for this Area was later confirmed and comes operative in 1968.

Five of the six Areas referred to above were incorporated within the year with a boundary extension in 1965. All were contiguous with existing Smoke Control Areas, and four were small Areas constituting in the aggregate 87.9 acres and 162 houses.

The table below gives particulars of Areas in operation etc.

	In Operation	Order Confirmed but not yet in Operation	Orders made and awaiting Confirmation	Under Survey
No. of Areas	13	1	Nil	Nil
Area	6,292	172.3	Nil	Nil
No. of Dwellings	23,846	1,154	Nil	Nil

NOISE CONTROL

During the year 1967 there were 369 complaints of noise made by residents, including petitions. Investigational visits, noise measurements on a before and after treatment basis plus, in some cases, protracted negotiations with factory and other managements, required 1,163 visits.

A different feature of noise complaints is that they do not follow, over the years, the same pattern as other public health complaints where there is a steady, comparable, or reducing number as the problem is more or less mastered. The explanation may be that industry does not as yet appreciate fully that it does not possess "carte blanche" to establish noisy processes to the detriment of neighbours, without intervention by the local authorities. Periodically a noisy machine or process is installed thoughtlessly at an existing factory, and a spate of complaints from nearby residents results. Planning permission for the project may not have been necessary, and to the first knowledge the Public Health Inspector's Department has is the persistent "complaint-explosions" from large numbers of aggrieved householders. In a general sense industry, and particularly large industry, is very co-operative and on being reminded of its responsibilities to prevent noise nuisance, goes to considerable lengths to rectify the position. Sometimes an industry will try to excuse itself by stressing the sacrosanct nature of the project to the national effort, export requirements, or the employment situation, often in order to do nothing and let the nuisance continue.

The preparation of a comprehensive "noise map" of the City is still proceeding and is being concentrated on industrial estates and areas where there are concentrations of industry of a potentially noisy nature. The purpose of the exercise has both public health and planning connections, in order to ensure that noise from new factories does not raise the noise climate of the area in question. At the commencement of the Noise Abatement Act, 1960, it was thought that noise control would develop along the lines of air pollution control under the Clean Air Act, 1956 with smokeless zones and smoke control areas. A parallel envisaged was a Quiet Environment Act establishing noiseless zones and noise control areas. This form of control has not materialised, however, but noise-mapping of the City has similarities and should prove a useful and noise feature.

Prevention being better than cure, it is becoming increasingly apparent that noise control, in the long term, must be closely allied to planning work, and a close liaison between the Public Health Inspector's Department and the City Planning Department is being successfully developed. Apart from investigations in connection with noise from motor traffic on motorways, fly-overs and trunk roads where joint investigation is being made, individual commercial and industrial projects especially require the same joint consideration. Subsequent expensive alterations to structures and plant lay-outs could be avoided by such liaison in the plan stage. Case in point in the commercial field are refrigerators at food premises which naturally operate throughout the day and night, late-night or all-night.

unattended (i.e. coin-operated) launderettes and car-wash premises, where the possibility of noise being a problem is not always realised at the planning stage.

BREAKDOWN OF INDIVIDUAL NOISE COMPLAINTS TO PARTICULAR OPERATIONS 1967

General industrial operations	206
Engine testing	29
Ventilation fan systems	9
Pressing operations	3
Compressors	16
Hoisting equipment	3
Transporting industrial products	11
Church bells	90
Public address equipment	5
Human behaviour	6
Panel beating	14
Road drills	5
Boiler operation	2
Car wash	14
Dairies	2

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Registration of Premises

At the 31st December, 1967, 3,102 premises were registered under the above Act. This represents a reduction of 148 premises during the year and this is mainly due to the redevelopment of a large area of the City Centre. Additionally, employers who have moved their premises within the City appear to be under the impression that their original registration still remains in force, and difficulty is experienced in getting the new premises registered.

Inspection of Premises

During the year 1,914 premises received one or more general inspections, and towards the end of the year the second round of general inspections since the Act came into force was completed, and work has started on the third cycle.

Other visits to check compliance with notices are not classed as general inspections and, during the year, a total of 8,848 visits of inspection and other visits were made.

Attitude of Occupiers

The Health Committee in its concern to ensure that employers were fully aware of their responsibilities under the Act, sent to each registered premises a summary of the Annual Report for 1966. In particular it stressed the need to report accidents and summarised the requirements of the Act most often contravened in the City. Many employers exhibited the summary where it could be read by employees although, naturally, this occurred most frequently where premises were in a good state of compliance.

In general employers are co-operative in trying to comply with the requirements of the act. In some instances, however, often from employers who are professional people, there is the feeling that the Act is a waste of time. The number of contraventions found does not confirm this attitude. In addition, difficulty is experienced in that there is a feeling that inspection under the Act are a once and for all inspection, and employers are surprised when further inspections are carried out, and when new contraventions are found, mainly due to deterioration in conditions.

Attitude of Employees

During the year only three complaints were received from employees in each instance relating to inadequate heating. There appears to be a certain attitude of mind in which the employees defend their employers and do not complain, not wanting to get them into trouble. On the other hand it may be a reflection of job insecurity. Notification by employees of contraventions, particularly in the case of transitory conditions such as low temperature, is essential if failures by employers are to be corrected.

quickly. Possibly they are wary of being involved in legal proceedings against their employers, but in general it is the policy of this Authority to take such proceedings only where warning has previously been given.

Operation of the General Provisions of the Act

During the year 3,333 contraventions of the Act were discovered and informal notices served on the appropriate persons. Contraventions remedied totalled 3,249 and these relate in part to notices served in 1966. These are tabulated in the statistical section of this report. All notices are enforced, and it is pleasing to record that so few prosecutions are necessary to achieve compliance with the Act.

Cleanliness Section 4

Notices were served in respect removable dirt in 328 instances. This is an increase of 75 over last year, and this would indicate that not enough routine attention is paid in ensuring the cleanliness of premises, particularly of walls and ceilings. The state of cleanliness of the walls and ceilings gets progressively worse and the occupier, being in the premises daily, is often not aware of the gradual deterioration in the decorative condition until it is pointed out to him.

Overcrowding Section 5

The requirements of the Act regarding space for employees came into force on the 1st August, 1967. Overcrowding of premises still does not constitute a major problem in this City, and in only three instances during the year were contraventions found.

Temperature Section 6

Contraventions of this Section, mainly in relation to thermometer requirements, were found in 306 instances and notices were served.

In general the temperatures recorded in office accommodation were above the legal minimum of 16°C or 60.8°F, and no problem is anticipated in this kind of premises. The main difficulties encountered are in retail shops. These are often ill equipped to meet the heating demands of an expected cold day, and their problems are accentuated by trading arrangements which often require the shop doors to be left open.

In two instances legal proceedings were taken against shop premises. In the case of one of these shops the low temperatures were the result of the insistence of the occupier that the shop door be kept open in the interests of sale. This was not compensated by an increase in sources of heating. It was discovered that the proprietor formerly traded at an open market, getting that his hardiness was not found in the ordinary city shop assistants who require the ordinary comforts of urban life.

Ventilation Section 7

Notices were served to remedy 148 contraventions of this Section. Once again conversion of the modern shops in the central redevelopment area to provide adequate ventilation has proved most difficult and expensive. In one instance the cost to meet the ventilation requirements of the Act was £852. This is a design failure which should not be found in future development as all plans submitted to the Local Authority are now scrutinised for compliance with the Act.

Further difficulties are also experienced in premises where the ventilation is through the door opening. Occupiers are, in some instances, unwilling to accept the fact that an opening door does not constitute adequate controlled ventilation, and are unable to equate a request for extra ventilation with health and comfort requirements.

Lighting Section 8

During the year 69 notices were served for contraventions of this Section, where the lighting provided was not considered "suitable and sufficient".

Sanitary Conveniences Section 9

589 notices of contravention were served under this Section. In general these related once more to maintenance and cleanliness.

Problems are now being encountered on the next general inspection in that the adequacy of facilities based upon numbers of employees which was previously accepted, is now unsatisfactory due to the increase in the number of employees, and particularly with the changes of sex occupational composition.

Employers are reluctant to accept that conditions once considered satisfactory no longer comply with the requirements of the Act, particularly where structural alterations are involved.

Washing Facilities Section 10

Notices were served in respect of 297 contraventions of this section found in premises, in general relating to poor maintenance.

The problem has also arisen under this section that the facilities previously accepted as adequate are now unsatisfactory due to the increase in employees.

Drinking Water Section 11

Nine notices were served under this Section for contraventions found within premises.

Accommodation for Clothing Section 12

Notices were served in 41 instances for contraventions of this Section.

his is a considerable reduction upon last year, and it would appear that the reluctance previously experienced amongst occupiers to provide adequate facilities under this Section is now disappearing.

One prosecution was taken under this Section.

Eating Facilities Section 13

Eight notices were served for contraventions of this Section.

Seats (Sedentary Workers) Section 14

Five notices were served in respect of unsatisfactory seats for office workers.

Eating Facilities Section 15

In three instances notices were served relating to unsatisfactory eating facilities. Adequate enforcement of this Section is causing difficulty in that an employer can overcome it by prohibiting the eating of meals within the premises. Employees would welcome legislation that would enable the enforcement of better rest room facilities.

Floors, Passages and Stairs Section 16

A large number of defects were found under this Section. In general these relate to floor surfaces which cannot be cleansed effectively, and to stair surfaces and coverings which are so worn as to be dangerous. Enough graphic illustrations of accidents which have occurred due to these are often needed to convince the employers, and also the employees, that the conditions are potentially dangerous.

Notices were served in 312 instances. During the year six accidents were reported for falls on the level floor, and eleven for falls on staircases. One accident was reported of a fall down a lift shaft.

Guarding of Exposed Parts of Machinery Section 17

Notices have been served in 173 cases where contraventions of this Section were found.

In the majority of the cases the contraventions were in connection with the provision of guards to food slicing machines. Again difficulty has been claimed by shopkeepers in obtaining an authorized guard, and there appears to be a long waiting list.

Five accidents were notified during the year which were due to the guarding of machinery and, in each case, the injuries were trivial.

Protection of Young Persons from Dangerous Machinery Sections 18 and 19

During the year three notices were served for contraventions of Section 18 and five notices were served for contraventions of Section 19.

Prohibition of Heavy Work Section 23

Eight notices were served under this Section, again where female employees were expected to lift too heavy loads.

First-Aid Section 24

Notices were served in respect of 340 contraventions of this Section. One prosecution was taken.

Dangerous Act Section 27

Fifteen notices were served for contraventions of this Section. They were mainly in relation to loose storage units in store rooms which were dangerous. One instance was found where hot water pipes were suspended five feet above the floor across the centre of a store and the employees had to stoop beneath it.

Notification of Fact of Employment of Persons Section 49

In 149 instances notices were served under the above Section where premises within the scope of the Act were not registered. This is often the result of a change of premises by employers, due to the compulsory purchase and redevelopment of their old premises, who think that the old registration applies.

Information of Employees Section 50

The Information for Employees Regulations, 1965 prescribe an abstract of the Act, and require employers to provide one for employees or to give them an explanatory booklet.

522 notices were served for contravention of this Section, and in one instance a prosecution was taken.

Exemptions Sections 45 and 46

During the year eight applications for exemption from the requirements of the Act were received in respect of six premises.

Four of these were from the requirements of Section 9, of which one was for the provision of sanitary accommodation and three for the provision of additional sanitary accommodation. A further four were in respect of the requirements of Section 10, in one instance relating to the provision of an extra washing facility, and in three instances to provide running water for washing facilities.

Exemptions were granted in three instances under Section 9, and in one instance under Section 10. At the end of the year there were six exemptions currently in force, which when compared with the number of registered premises within the City (3,102) is negligible.

Accidents

During the year 97 accidents were reported under Section 48 of the Act, which represents an increase over last year of 16.9%. This probably reflects the result of publicity given to the need for reporting of accidents. 2 accidents were investigated where it was thought that the accident was of a serious nature or that unusual conditions existed and that a contravention of the Act could be expected.

Serious injuries were found in only two instances. In the first a shop assistant slipped upon the highly polished floor surface of the shop, hit her head on the floor and fractured her skull. No contraventions of the Act existed at the premises. In the second case a girl employee at an office was struck on the elbow by a closing door. The blow resulted in partial paralysis of one side of her body which lasted several months. The accident was not reported in the prescribed manner and legal proceedings, which will be heard in 1968, have been instituted.

Of the total number of accidents, 32.3% were caused by falls on the level and from stairs and ladders, and 21.5% resulted from the handling of goods.

Investigation of two other accidents showed that, although the injuries concerned were slight, they could have been extremely serious due to the nature of the accident. In one case a gas oven in a canteen kitchen went out and a build up of gas took place within the oven. When an assistant relighted it there was an explosion which blew open the oven door and knocked her unconscious. She was lucky in that her injuries were so slight.

In the second instance an electrician fell down an open lift shaft through the door on the first floor and only sustained bruising. No contravention of the Act occurred here because, at the time of the accident which occurred on a Sunday, the lift had been isolated by the electrician on the top floor to allow builders, who were working within the building, to use the scaffolding equipment via the lift shaft. This was contrary to the correct use of the lift, and to the instructions of the firm concerned. It illustrates the fact that accidents occur due to the carelessness of employees. Indeed, once again, the biggest single cause of accidents is personal carelessness. It will be seen that accidents to persons under the age of 18 amounted to 20% of the total accidents, which underlines the requirements of the safety requirements specifically related to employment of young persons.

The increase in the number of accidents reported is most probably due to the circulation of extracts of the 1966 Annual Report, which placed particular emphasis upon accident reporting, to premises within the scope of the Act. In spite of this the implications of the statistical records for 1965 and 1966 that all accidents are not being reported has been confirmed. Significant that, in general, it is the same firms each year who report accidents and on no occasion has an accident been reported from small premises that fall within the scope of the Act, such as a butcher's or a shop where dangerous machinery may be used.

Prosecutions

Legal proceedings were authorized by the Health Committee of the City Council, which is delegated to enforce the Act in the City, in respect of three premises for non-compliance with the Act. In each case notice which had been served regarding the outstanding contraventions, were ignored.

In the first instance proceedings were taken for two contraventions of Section 6 in that a reasonable temperature was not maintained in rooms in which persons were employed to work, and because a suitable thermometer was not provided. The defence was based upon the fact that the heating was provided by a gas fired boiler, which was controlled by the staff, who could have increased the temperature if required. Both charges were found proved. An absolute discharge was given on the first count and a £20 fine imposed for the absence of a thermometer. Costs £3 3s. 0d. were awarded.

Proceedings were taken in a second instance for failure to maintain a reasonable temperature under Section 6. The defendant company pleaded guilty and a fine of £25 with £5 costs was imposed.

In respect of the third premises a plea of guilty was entered against proceedings taken under Sections 12, 24 and 50 for insufficient accommodation for clothing, absence of a first-aid box, and failure to provide adequate information for employees respectively. Fines of £1, £5 and £3 3s. 0d. respectively were imposed and £3 3s. 0d. costs awarded.

In five other instances authority was granted by the Health Committee to commence legal proceedings, but in each case the employer took immediate steps to meet the requirements of the notices which had been served and not complied with within a reasonable time. Proceedings were not, therefore, taken.

REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises	Number of premises newly registered during the year	Total Number of registered premises at end of year	Number of registered premises receiving one or more general inspections during the year
(1)	(2)	(3)	(4)
Offices	85	807	486
Retail shops	102	1,885	1,327
Wholesale shops, ware- houses	6	122	33
Catering establishments open to the public, can- teens	6	282	265
Fuel storage depots ..	1	6	2
TOTALS	200	3,102	2,113

NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES 8,848

Class of Premises	Number of persons employed
(1)	(2)
Offices	7,484
Retail shops	11,058
Wholesale departments, warehouses	1,207
Catering establishments open to the public	2,966
Canteens	159
Fuel storage depots	63
Total	22,937
Total Males ..	8,730
Total Females ..	14,207

EXEMPTIONS

Section	Current at 31st Dec., 1967	Granted 1967	Refused or withdrawn 1967
Space Sec. 5(2)	Nil	Nil	Nil
Temperature Sec. 6	Nil	Nil	Nil
Sanitary Conveniences Sec. 9	5	3	2
Washing Facilities Sec. 10	2	1	3

ANALYSIS OF CONTRAVENTIONS

Section	Number of Contraventions	
	Found	Remedied
4 Cleanliness	328	328
5 Overcrowding	3	14
6 Temperature	306	299
7 Ventilation	148	150
8 Lighting	69	62
9 Sanitary Conveniences	589	502
10 Washing Facilities	297	287
11 Supply of Drinking Water	9	15
12 Clothing Accommodation	41	44
13 Sitting Facilities	8	12
14 Seating	5	3
15 Eating Facilities	3	25
16 Floors, Passages and Stairs	312	230
17 Fencing of Machinery	173	124
18 Protection of Young Persons from dangerous Machinery	3	12
19 Training of Young Persons working at dangerous Machinery	5	1
20 Prohibition of Heavy Work	8	7
21 First Aid General Provisions	340	363
22 Dangerous Acts	15	1
23 Non-notification of Employment of Persons	149	131
24 Information for Employees	522	639
TOTALS	3,333	3,249

Executions 3
 of inspectors appointed under Section 52(1) or (5) .. 25
 of other staff employed most of their time on work in connection with the Act 2

REPORTED ACCIDENTS

Workplace	Number Reported		Total No. Investigated	Action Recommended		
	Fatal	Non Fatal		Prosecution	F'mal warning	Inf'al advice
Offices	Nil	13	6	Nil	Nil	6
Retail shops	Nil	56	20	Nil	Nil	20
Wholesale shops, Warehouses	Nil	11	3	Nil	Nil	3
Catering establishments open to public, canteens	Nil	16	3	Nil	Nil	3
Fuel storage depots	Nil	1	Nil	Nil	Nil	Nil
TOTALS	Nil	97	32	Nil	Nil	32

Analysis of Reported Accidents

	Offices	Retail Shops	Wholesale Warehouses	Catering establishments open to public canteens	Fuel Storage Depots
Machinery	—	4	1	—	—
Transport	—	3	—	—	1
Falls of persons	6	17	1	6	—
Stepping on or striking against object or person	—	8	1	1	—
Handling goods	3	11	2	4	—
Struck by falling object	—	—	2	1	—
Fires and Explosions	—	—	—	1	—
Electricity	—	—	—	—	—
Use of hand tools	1	12	—	2	—
Not otherwise specified	3	1	4	1	—

ACCIDENT BREAKDOWN ACCORDING TO WORKPLACE

Classification & Cause of Accident	Office	Retail Shop	Whole-sale or Ware-house	Catering Establish-ment Open to Public	Fuel Storage Depot	Total
Non-power driven machinery in motion	—	1	1	—	—	2
Power driven Machinery in motion	—	2	—	—	—	2
Machinery at rest	—	1	—	—	—	1
Non-powered vehicles	—	3	—	—	—	3
Stationary vehicle	—	—	—	—	1	1
Fire and explosion	—	—	—	1	—	1
Hand tools	1	12	—	2	—	15
Falls on stairs	3	4	—	4	—	11
Falls from ladders and steps	—	2	—	—	—	2
Falls from one level	1	5	—	—	—	6
Falls on same level	2	6	1	2	—	11
Collisions	—	8	1	1	—	10
Handling goods	3	11	2	4	—	20
Struck by falling object	—	—	2	1	—	3
Unspecified	3	1	4	1	—	9
TOTAL	13	56	11	16	1	97/97

ACCIDENTS TO WORKERS UNDER 18 YEARS OLD

MALE

No.	Code	Classification and Cause
2	11	Non-power driven machinery in motion
1	14	Machinery at rest
1	34	Stationary vehicle
3	45	Handling tools
1	53	Fall from one level to another
1	62	Handling goods
3	64	Not specified
TOTAL		12 accidents to males under 18 yrs.

FEMALE

No.	Code	Classification and Cause
4	51	Fall on or from fixed stairs
2	53	Fall from one level to another
1	54	Fall on same level
1	64	Not otherwise specified
TOTAL		8 accidents to females under 18 yrs.

FACTORIES ACT, 1961

The following tables show the number of factories in the City on the 31st December, 1967, also the number of inspections carried out and contraventions of the Act observed during the year. All contraventions were followed up by a notice calling attention to the particular contravention. The majority of the outworkers are employed by two firms within the City.

TABLE I — INSPECTION

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	19	—	—	—
Factories not included in the list in which Section 7 is enforced by the Local Authority	1,065	352	49	—
Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	2	1	—
Total	1,092	354	50	—

TABLE 2 — DEFECTS

Particulars (1)	Number of cases in which defects were found				No. of cases found in
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	—	—	—	—	
Overcrowding (S.2) ..	—	—	—	—	
Unreasonable temperature (S.3)	—	—	—	—	
Inadequate ventilation (S.4)	—	—	—	—	
Ineffective drainage of floors (S.6)	—	—	—	—	
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	
(b) Unsuitable or defective	49	39	—	5	
(c) Not separate for sexes	—	—	—	—	
Other offences against the Act (not including offences relating to outwork)	1	1	—	1	
Total ..	50	40	—	6	

TABLE 3 — HOMEWORK
(Sections 133—134)

Nature of Work (1)	Section 133			Section 134	
	No. of outworkers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)
Wearing apparel { Making etc., Cleaning and Washing	35	—	—	—	—
Themakingofboxes or other receptacles or parts thereofmadewholly or partially of paper	12	—	—	—	—
Total	47	—	—	—	—

HEALTH EDUCATION

Talks were given on the work of the Public Health Inspector's Department when 35 meetings with a total attendance of 1,430 people, were addressed on the various duties undertaken by the Department. All requests from organizations for help in this respect were met.

As in former years, food hygiene remained the topic to which the Department gave the greatest emphasis. Food hygiene leaflets and posters, on sale from the Central Council for Health Education, have been purchased and issued from time to time either at meetings, on request or through the leaflet stand permanently in use in the general enquiry office of the Department. Favourable consideration was also given by the Central Council to a request for posters suitable for the guidance of people when storing and cooking Christmas poultry.

Later in the year exhibitions, using black and white prints and coloured strips, were arranged at schools on:

"Clean Air"

"Clean Food"

Following a request from the Ministry of Housing and Local Government in a general circular to take part in the campaign to spotlight the curse of neighbourhood noise in modern society, photographic and poster displays have been mounted in the Central Shopping Area.

SWIMMING BATHS AND PADDLING POOLS

Type	No.	No. of Samples			
		Bacteriological		Chemical	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Public Swimming Baths	3 (6 pools)	38	1	56	2
School Pools	15	2	1	56	7
Paddling Pools	4	—	—	19	3

During the year 153 visits of inspection were made to the swimming pools within the City. Two of the public swimming baths are owned by Corporation and contain five pools. The third is a privately-owned air pool. The paddling pools are all within local parks.

Two of the samples of water taken for bacteriological examination were found to be unsatisfactory. In both instances this was the result of absence of free residual chlorine due to breakdown of the chlorination plant. Immediate steps were taken to repair the plant and resulting conditions were found satisfactory.

Nine of the chemical samples of water examined for the free residual chlorine levels and for the pH value of the water were unsatisfactory. Six samples showed that the chlorine levels were low, and in two instances too high. On one occasion the pH level had risen too high due to the use of liquid chemical treatment at times of plant difficulty. In all instances the levels were rapidly corrected by plant adjustment and the use of supplementary chemical treatment.

Once again the paddling pools presented a difficult problem because of the shallowness of the water and the high number of users, which caused rapid loss of chlorine. On three occasions samples showed that the chlorine levels were too low. This was corrected by plant adjustment and found upon further examination, to be satisfactory.

RIVERS AND STREAMS

During the year 441 visits were made to various points on the rivers and streams within the City, and 79 samples of water were taken and submitted for analysis.

The condition of the watercourses was, in general, found to be good for those within an industrial city.

In five instances the samples taken revealed organic pollution. Three of these were found in the River Sherbourne, at its entrance into the City, and investigation showed that it was probably due to animal pollution from farms outside the City. Two more instances occurred in the brook at Wall Hill Road, and were found to be the result of pollution from overflows of cesspools and septic tanks serving houses in Hawkes Lane. These were formerly in the Meriden Rural District, and a survey is in progress with a view to connecting the houses to the Coventry sewerage system. The fifth instance was due to the connection of a foul drain to a surface water drain in Unicorn Lane, and this has now been disconnected and reconnected to the foul system. Repeat samples in these instances proved satisfactory.

The River Sowe, at its entrance to the City, still periodically shows a high saline content, probably due to colliery pumpings in the area. This has been referred to the River Severn Authority for action, and the diluting factor of the River Sowe within the City is such that a high salinity is rapidly reduced. Several sporadic instances of industrial pollution, mainly oil, were also observed during the year, and were referred to the City Engineer for action.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Total number of properties in the City	123,873
Number of properties inspected following complaint ..	2,269
Number infested by rats	422
by mice	323
Properties inspected other than following complaint ..	385
Number infested by rats	385
by mice	Nil
Number of waste sites treated	178
Number of sewer treatments made	956
Number indicating infestation	348
Total number of baits laid	11,112
Total number of inspections	6,476

COVENTRY CORPORATION ACT, 1948 — SECTION 57

HAIRDRESSERS' AND BARBERS' PREMISES

Number of applications for Registration	12
Number of Registrations deleted	2
Total number of Registrations at year end	385
Number of inspections of Registered Premises	345

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Three licences were issued during the year subject to the conditions set out in the licences being observed.

RIDING ESTABLISHMENTS ACT, 1964

Four applications for licences to keep a riding establishment at premises within the City were received during the year. A licence was granted in each instance.

PET ANIMALS ACT, 1951

Eighteen licences were issued during the year in respect of pet shops within the City. 63 visits were made to ensure that the licence conditions were observed.

A case of Psittacosis was notified during the year affecting a local citizen. Enquiries showed that the patient had visited local pet shops but conclusive evidence of the mode of infection could be established. The opportunity was taken, however, of informing proprietors of pet shops of the occurrence and of measures to be taken for the regular disinfection of cages and premises.

It is a further reminder that animal-borne human disease is always a possibility in such shops.

COMMON LODGING HOUSES

The Salvation Army administers the only registered common lodging house within the City and their appointed Deputy Keeper resides on the premises.

The nightly average of men seeking accommodation is 150, and this is full capacity. Facilities are available for the provision of full board for lodgers so desire.

The communal facilities are as clean and well maintained as is possible having regard to the age and the state of decay of the building's fabric. During the year improvements and alterations were required by the Public Health Inspectors' Department and these were almost complete at the year's end.

This hostel provides a greatly needed social service and many of the lodgers are in permanent residence.

16 inspections of the premises were carried out during the year and no cases of overcrowding were found. The maintenance of this 200 year old structure is now growing more difficult with each year, and it is to be hoped that the proposed new premises to be constructed elsewhere in the City will receive high priority even within the existing financial restrictions on public expenditure.

SUMMARY OF VISITS 1967

Total visits and inspections	60,191
1. Houses inspected under Public Health Act	4,015
2. Other visits under Public Health Act	5,804
3. Houses inspected under Housing and Rent Acts	5,451
4. Houses in Multiple Occupation inspected	1,907
5. Houses inspected re-overcrowding	152
6. Inspection of places of entertainment	28
7. Visits to caravans and caravan sites	174

3. VISITS TO FOOD PREMISES:—

Individual food premises inspected	8,655
a. Dairies	332
b. Milk Shops	782
c. Preserved food premises	1,213
d. Ice Cream premises (sale)	599
e. Cafes and Restaurants	1,292
f. Markets	46
g. Bakehouses	283
h. Food Vehicles	493
i. Butchers Shops	926
j. Fish Mongers	227
k. Greengrocers	1,064
l. Food Warehouses	37
m. Canteens and Kitchens – Schools	287
n. Canteens and Kitchens – Others	380
o. Other food premises	3,280
p. Licensed premises	707

OTHER SPECIAL VISITS:—

Pet Shops	63
Canal Boats	10
Common Lodging Houses	16
Hairdressing Premises	345
Offensive Trades Premises	42
Inspection of premises – Rag Flock, etc., Act	10
Observations and visits re-smoke and fumes	3,456
Visits Re-Smoke Control Areas	3,804
Observations and visits re-noise	1,163

18. Visits to Factories with Power	..	..	..	..	3
19. Visits to Factories without Power	..	..	..	..
20. Visits to Outworkers Premises	..	..	..	..
21. Inspections under Pest Control	..	..	..	..	4
22. Inspection of Swimming Pools	..	..	..	..	1
23. Water sampling – water courses and rivers			..	..	4
24. Visits re-food poisoning/infectious diseases	..	..	..	..	4
25. Visits re-food inspection	..	..	..	..	7
26. Animal Boarding Establishments/Riding Schools	..	..	
27. Miscellaneous Visits	..	..	..	..	6,8
28. Other Visits (Special Purposes)	..	..	..	..	3,4

VISITS UNDER OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

29. Offices – G.I.	..	..	..	..	..	..	7
30. Offices – O.V.	..	..	..	..	..	..	1,3
31. Retail Shops – G.I.	..	..	..	..	..	..	2,6
32. Retail Shops – O.V.	..	..	..	..	..	..	3,4
33. Wholesale Shops/Warehouses – G.I.				..	..	..
34. Wholesale Shops/Warehouses – O.V.				..	..	..
35. Catering Establishments – G.I.	..	..	..	..	..	..
36. Catering Establishments – O.V.	..	..	..	..	..	..
37. Fuel Storage – G.I.	..	..	..	..	..	..
38. Fuel Storage – O.V.	..	..	..	..	..	..

G.I. = General Inspection of Premises
O.V. = Other Visits to Premises

WORK EFFECTED UNDER THE PUBLIC HEALTH ACTS AND HOUSING ACTS

Year	1965	1966	1967
No. of Complaints Received	3,637	4,222	3,790

HOUSING HOUSES (REPAIRS)

External			
Roofs repaired	117	306	294
Walls and Chimney Stacks repaired ..	68	43	84
Gardens and passages repaired	4	45	16
Drains including roof drainage cleared or re- paired	518	765	443
Sanitary accommodation repaired or provided	151	214	131
Other repairs	3	109	73
Internal			
Floors repaired	91	129	123
Walls and ceilings repaired	118	332	397
Dampness remedied	189	385	225
Windows repaired	234	433	428
Staircases repaired	18	25	27
Refrigerators and flues repaired	34	35	13
Premises cleansed or disinfested	4	24	2
Kitchens, baths, etc. repaired	52	56	44
Water supply provided	1	8	6
Miscellaneous			
Refuse disposal and/or storage	109	182	86
Other matters	199	97	92
	<hr/> 1,910	<hr/> 3,188	<hr/> 2,484

IMPROVEMENTS EFFECTED AT FOOD PREMISES

Total number of improvements effected ..	2,347	1,883	3,383
	<hr/>	<hr/>	<hr/>

SERVICE OF NOTICES

Public Health Acts

Number of Informal Notices served ..	820	1,185	929
Number of Statutory Notices served ..	555	756	661

Clean Air Act

Number of Statutory Notices served ..	1,509	946	1,056
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STATISTICAL TABLES AND CHARTS

CAUSES OF AND AGES AT DEATH

VITAL STATISTICS OF CITY

During 1967 and previous years

COMPARATIVE VITAL STATISTICS

Over a period of 10 years for Coventry, the large towns, and
of England and Wales

INFANT MORTALITY during 1967

Chart showing Infant Mortality per 1,000 live births in
Coventry 1935-1966

VITAL STATISTICS

Historical Summary

VENEREAL DISEASES

TUBERCULOSIS

Live Register for 1967

Summary of cases on Register, Summary of cases notified
and Summary of Deaths notified during 1967 and previous
years

CASES OF INFECTIOUS DISEASES NOTIFIED

DEATHS

Chart showing principal causes to Total Deaths

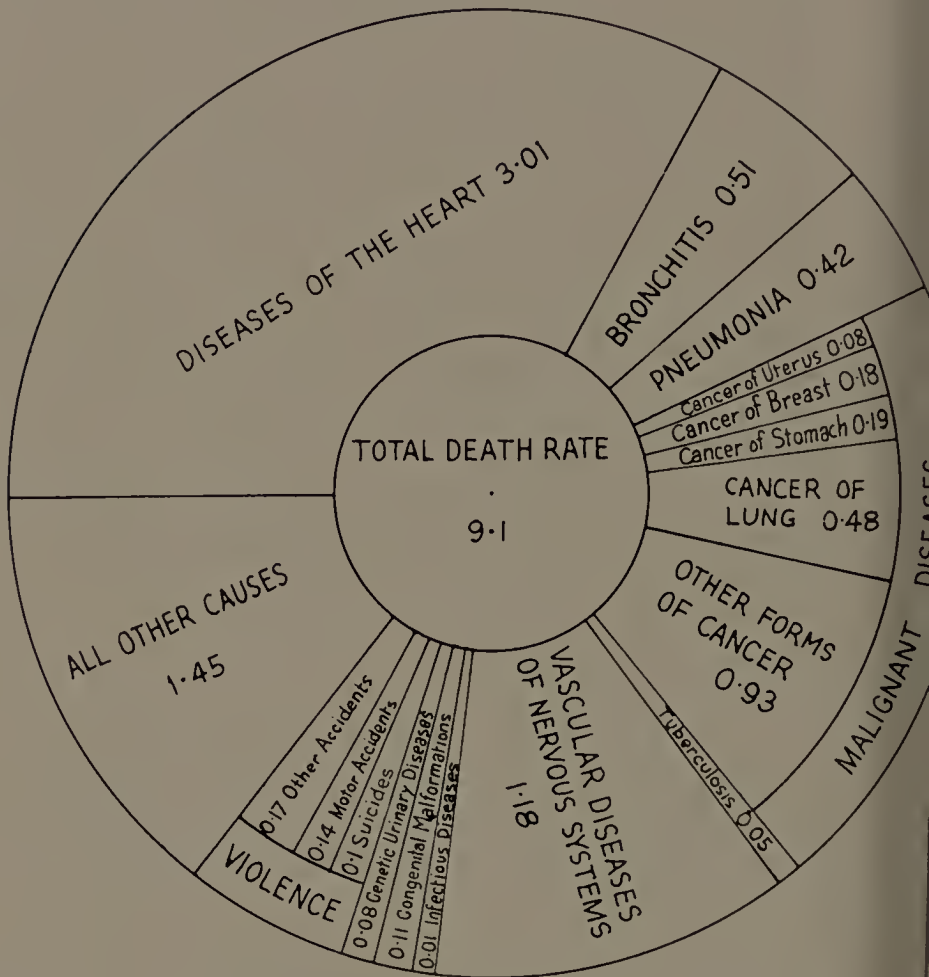
METEOROLOGICAL OBSERVATIONS

Rain

**TABLE OF VITAL STATISTICS OVER A PERIOD OF
TEN YEARS FOR COVENTRY, ENGLAND & WALES**

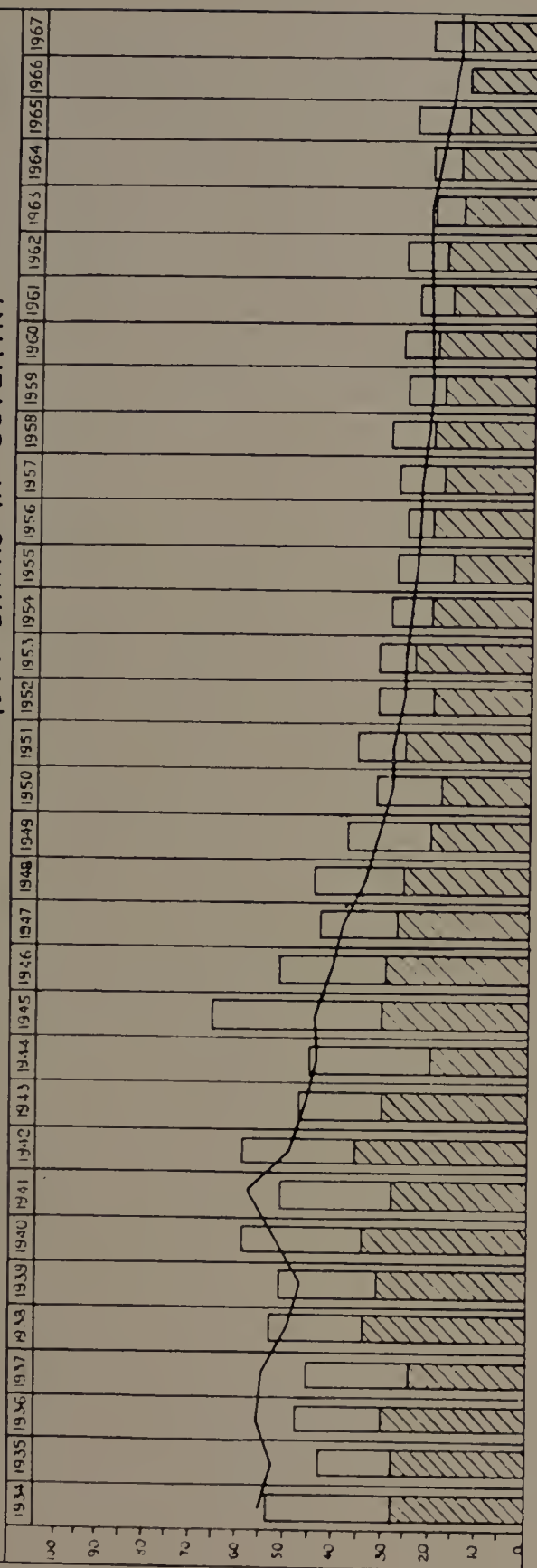
YEAR	BIRTH RATE		DEATH RATE		INFANTILE MORTALITY RATE	
	Coventry	England and Wales	Coventry	England and Wales	Coventry	England and Wales
1958	18.38	16.4	8.8	11.7	30.2	22.6
1959	19.02	16.5	8.8	11.6	26.3	22.2
1960	20.61	17.1	9.16	11.5	27.29	21.9
1961	20.5	17.4	9.2	12.0	23.4	21.6
1962	20.94	18.0	9.49	11.9	24.6	21.6
1963	21.01	18.2	9.37	12.2	20.3	20.9
1964	20.1	18.4	8.9	11.3	20.5	20.0
1965	20.25	18.0	9.1	11.5	22.3	19.0
1966	19.87	17.7	8.95	11.7	20.36	19.0
1967	19.33	17.2	9.1	11.2	22.1	18.3

PRINCIPAL CAUSES OF DEATH
PROPORTION TO TOTAL CAUSES 1967



TOTAL NUMBER OF DEATHS 3,047
TOTAL DEATH RATE FROM ALL CAUSES 9.1

CHART SHOWING INFANT MORTALITY PER 1,000 BIRTHS IN COVENTRY



THE INFANT DEATH RATE PER 1,000 BIRTHS IS REPRESENTED BY THE CHIMNEYS, THE SHADED PORTION OF WHICH REPRESENTS THE DEATH RATE AMONGST BABIES UNDER FOUR WEEKS OF AGE. (I.E. THE NEONATAL DEATH RATE.)
THE INFANT DEATH RATE FOR ENGLAND AND WALES IS REPRESENTED BY THE LINE.

CAUSES OF AND AGES AT DEATH, 1967

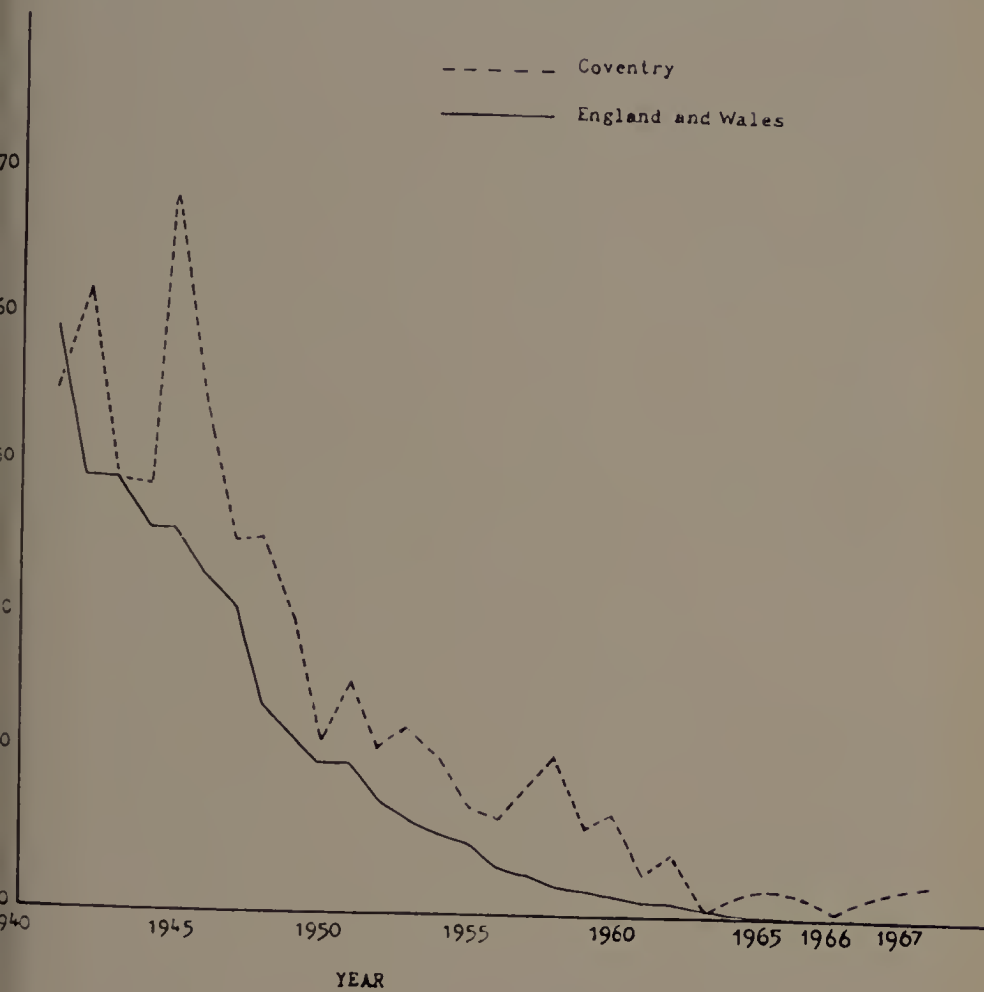
CAUSES OF DEATH	Total Deaths 1967			Under 1 year	1 and under 5	5 and under 15	15 and under 45	45 and under 65
	Males	Females	Total					
1. Tuberculosis Respiratory	11	4	15	—	—	—	1	5
2. Tuberculosis Other ..	—	1	1	—	—	—	—	—
3. Syphilitic Disease ..	7	2	9	—	—	—	—	1
4. Meningococcal Infection ..	2	—	2	—	2	—	—	—
5. Measles	1	—	1	—	1	—	—	—
6. Other Infective and Para-sitic Diseases	3	1	4	—	—	—	2	2
7. Malignant Neoplasm, Stomach	38	26	64	—	—	—	3	25
8. ditto Lung, Bronchus ..	141	19	160	—	—	—	3	69
9. ditto Breast	2	57	59	—	—	—	8	32
10. ditto Uterus	—	26	26	—	—	—	7	11
11. Other Malignant and Lymphatic Neoplasms	167	130	297	1	2	1	19	95
12. Leukaemia, Aleukaemia	9	7	16	—	1	1	4	5
13. Diabetes	16	21	37	—	—	—	1	9
14. Vascular Lesions of Nervous System	169	224	393	1	1	—	4	74
15. Coronary Disease, Angina	463	282	745	—	—	—	19	248
16. Hypertension with Heart Disease	17	25	42	—	—	—	1	5
17. Other Heart Disease ..	121	153	274	1	—	—	16	46
18. Other Circulatory Disease	63	58	121	—	1	—	8	22
19. Influenza	1	4	5	—	—	—	—	—
20. Pneumonia	65	77	142	30	4	1	2	15
21. Bronchitis	134	38	172	3	2	—	2	44
22. Other diseases of Respiratory System	13	8	21	—	—	—	—	8
23. Ulcer of Stomach and Duodenum	9	4	13	—	—	—	—	5
24. Gastritis, Enteritis and Diarrhoea	10	5	15	7	—	—	—	—
25. Nephritis and Nephrosis ..	17	11	28	—	1	—	5	10
26. Hyperplasia of Prostate ..	6	—	6	—	—	—	—	—
27. Congenital Malformation	25	11	36	28	3	2	2	1
28. Other Defined and Ill-Defined Diseases	94	109	203	67	6	3	15	34
29. Motor Vehicle Accidents	35	14	49	—	3	4	22	9
30. All Other Accidents ..	35	19	54	3	3	4	18	11
31. Suicide	23	11	34	—	—	—	19	11
32. Homicide and Operations of War	1	2	3	2	—	—	1	—
TOTALS	1693	1354	3047	143	29	16	182	797

YEAR	Population estimated to middle of each year	LIVE BIRTHS			TOTAL DEATHS REGISTERED IN THE CITY			TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE CITY			
		Un-corrected Number	Nett		Number	Rate per 1,000 population	of Non-residents registered in the City	of Residents not registered in the City	Under 1 Year of Age		At all Ages		
			Number	Rate per 1,000 population					Number	Rate per 1,000 Births	Number	Rate per 1,000 population	
1936	192,360	3,009	2,912	15.1	1,960	10.1	100	101	151	51.8	1,961	10.1	
1937	206,500	3,306	3,254	15.7	2,154	10.4	126	128	158	48.5	2,156	10.4	
1938	219,900	3,724	3,624	16.5	2,074	9.4	139	156	208	56.0	2,091	9.5	
1939	234,000	4,155	4,155	17.7	2,179	9.3	100	129	227	54.6	2,208	9.4	
1940	229,400	3,973	3,973	16.4	3,157	13.0	238	298	248	63.0	3,217	13.3	
1941	193,070	3,301	3,301	17.1	2,097	10.1	142	670	156	54.8	2,483	12.8	
1942	207,200	3,996	3,996	19.3	1,617	8.0	59	577	249	62.3	2,076	10.2	
1943	214,870	4,889	4,889	21.2	1,683	7.3	57	593	244	49.9	2,219	9.6	
1944	220,400	5,466	5,466	22.8	1,664	6.9	81	583	265	48.4	2,166	9.0	
1945	221,970	4,949	4,949	22.2	1,847	8.3	68	569	338	68.2	2,348	10.5	
1946	232,850	4,326	5,225	22.4	1,856	7.9	69	562	284	54.3	2,349	10.0	
1947	242,860	4,787	5,643	23.2	2,051	8.4	126	503	255	45.1	2,428	9.9	
1948	250,400	4,249	5,101	20.3	1,803	7.2	65	489	232	45.5	2,227	8.8	
1949	254,900	3,931	4,743	18.6	1,862	7.3	71	552	187	39.4	2,414	9.4	
1950	256,800	3,596	4,450	17.3	1,864	7.3	113	569	145	32.6	2,433	9.4	
1951	258,100	3,576	4,326	16.7	2,176	8.4	99	608	154	35.6	2,685	10.4	
1952	261,000	3,389	4,159	15.9	1,836	7.0	94	605	132	31.7	2,347	8.9	
1953	263,000	3,524	4,250	16.1	1,952	7.4	88	373	142	33.4	2,237	8.5	
1954	264,600	3,465	4,171	15.76	1,938	7.3	100	336	127	30.4	2,174	8.2	
1955	267,300	3,576	4,300	16.09	2,133	8.0	123	314	120	27.9	2,324	8.7	
1956	272,600	3,876	4,640	17.02	2,131	7.8	118	241	124	26.7	2,254	8.3	
1957	277,300	4,099	4,925	17.76	2,016	7.3	116	320	141	28.6	2,220	8.0	
1958	281,000	4,395	5,164	18.38	2,027	7.2	118	577	156	30.2	2,486	8.8	
1959	285,700	4,640	5,433	19.02	2,153	7.5	147	517	143	26.3	2,523	8.8	
1960	291,000	5,066	5,998	20.61	2,287	7.9	137	518	163	27.2	2,668	9.16	
1961	305,780	5,086	6,269	20.5	2,447	8.0	137	506	147	23.4	2,816	9.2	
1962	310,640	4,947	6,504	20.94	2,541	8.4	149	556	160	24.6	2,949	9.49	
1963	313,900	5,009	6,594	21.01	2,388	7.7	164	595	134	20.3	2,940	9.37	
1964	315,670	4,870	6,362	20.1	2,469	7.5	153	513	134	20.5	2,829	8.9	
1965	327,120	4,978	6,623	20.25	2,541	7.9	146	586	148	22.3	2,979	9.1	
1966	331,950	5,808	6,581	19.87	2,402	7.3	152	591	134	20.36	2,971	8.95	
1967	333,850	6,252	6,455	19.33	2,522	7.5	143	525	143	22.1	3,047	9.1	

INFANT MORTALITY 1967

CAUSE OF DEATH	Under Four weeks	Four weeks and under one year	TOTAL
Other Malignant & Lymphatic Neoplasms	—	1	1
Vascular Lesions of Nervous System	1	—	1
Other Heart Diseases	—	1	1
Pneumonia	4	26	30
Bronchitis	—	3	3
Gastritis Enteritis Diarrhoea ..	—	7	7
Congenital Malformations	19	9	28
Other defined and ill-defined diseases ..	62	5	67
All other Accidents	2	1	3
Homicide and Operations of War ..	—	2	2
TOTAL ALL CAUSES	88	55	143

INFANTILE MORTALITY—DEATHS PER 1000 LIVE BIRTHS



VITAL STATISTICS (Historical Summary)

Year	Houses Inhabited (December)	Vacant	Popula- tion (Mid-year)	Mortality	Infection Mortality	Deaths under one year per 1000 born	Birth Rate
1801	2,930	—	16,034	—	—	—	—
1811	3,448	*60	17,923	—	—	—	—
1821	3,729	*114	21,448	—	—	—	—
1831	5,444	*421	27,298	—	—	—	—
1841	6,531	*590	31,032	—	—	—	—
Ten Years' Average							
1851	7,783	*151	36,812	27	—	—	—
1861	8,991	*1,026	40,936	25	—	—	—
1871	8,535	*816	37,670	22	—	—	—
1881	9,239	*643	42,111	20	3.3	150	35.4
1891	11,465	*284	52,724	18.5	1.7	142	32.0
1901	15,571	353	69,978	16.96	1.9	153.7	29.8
1911	23,515	95	106,349	13.7	1.4	109.3	28.0
1921	28,355	502*	128,157	11.3	0.7	83.6	23.2
1931	41,275	917*	167,083	10.1	0.2	67.7	15.7
1951	—	—	258,211	10.7	0.17	52.4	18.0
1911	23,515	95	107,287	13.3	2.08	109.8	26.9
1912	24,590	50	111,166	11.9	1.35	76.1	26.4
1913	25,051	113	115,064	11.4	0.84	91.6	26.0
1914	25,860	99	119,003	11.7	0.70	84.6	26.9
1915	26,667	56	122,982	12.9	1.39	87.8	23.8
1916	27,366	12	127,089	10.9	1.23	87.5	23.5
1917	27,531	15	130,000	10.4	0.47	78.5	20.2
1918	27,735	25	133,000	14.6	0.42	92.5	20.7
1919	27,829	20	136,000	9.3	0.32	82.8	18.2
1920	27,973	48	130,000	9.8	0.35	76.0	25.0
1921	28,355	502*	128,157	10.2	0.25	79.3	22.1
1922	28,661	72	129,000	10.6	0.34	70.4	18.9
1923	29,414	40	130,500	9.3	0.20	64.9	16.9
1924	29,685	90	132,000	9.6	0.19	79.4	16.0
1925	30,199	83	133,500	10.6	0.30	77.1	16.3
1926	31,034	111	135,000	9.7	0.15	68.9	15.7
1927	32,260	151	139,000	10.2	0.23	63.4	14.8
1928	38,474	175	161,600	9.6	0.34	65.7	14.4
1929	39,374	750	163,700	12.1	0.63	73.1	14.8
1930	40,519	800	165,800	10.1	0.32	57.0	14.5
1931	41,275	917	168,900	10.0	0.10	57.7	14.8
1932	45,781	1,000	182,000	9.4	0.33	69.7	13.5
1933	47,175	1,000	184,500	9.9	0.21	64.5	13.4
1934	48,730	1,500	184,900	10.0	0.17	57.1	13.6
1935	50,622	1,854	190,000	9.7	0.16	46.5	14.4
1936	54,273	1,361	192,360	10.1	0.20	51.8	15.1
1937	57,888	1,606	206,500	10.4	0.18	48.5	15.7
1938	61,580	1,316	229,900	9.5	0.13	56.0	16.5
1939	—	—	—	9.4	—	54.6	17.7
1940	—	—	229,400	13.3	0.11	63.0	16.4
1941	—	—	193,070	12.8	0.21	54.8	17.1
1942	—	—	207,200	10.2	0.07	62.3	19.3
1943	—	—	214,870	9.6	0.23	49.9	21.2
1944	65,926	—	220,400	9.0	0.24	48.4	24.8
1945	—	—	221,970	10.5	0.30	68.2	22.2
1946	—	—	232,850	10.0	0.32	54.3	22.4
1947	68,900	—	242,860	9.9	0.18	45.1	23.2
1948	69,950	—	250,400	8.8	0.10	45.5	20.3
1949	70,550	—	254,900	9.4	0.11	39.4	18.6
1950	71,720	—	256,800	9.4	0.06	32.6	17.3
1951	72,497	—	258,100	10.4	0.03	35.6	16.7
1952	73,828	265	261,000	8.9	0.05	31.7	15.9
1953	76,150	157	263,000	8.5	0.04	33.4	16.1
1954	76,458	95	264,600	8.2	0.015	30.4	15.76
1955	79,369	400	267,300	8.7	0.026	27.9	16.09
1956	82,089	500	272,600	8.3	0.007	26.7	17.02
1957	84,000	750	277,300	8.00	0.032	28.6	17.76
1958	86,400	800	281,000	8.8	0.014	30.2	18.38
1959	88,800	800	285,700	8.83	—	26.3	19.02
1960	90,000	800	291,000	9.16	0.02	27.29	20.61
1961	92,000	800	305,780	9.2	0.009	23.4	20.5
1962	93,000	800	310,640	9.49	0.003	24.6	20.94
1963	94,000	800	313,900	9.37	0.003	20.3	21.01
1964	95,800	800	315,670	8.9	0.003	20.5	20.1
1965	100,400	800	327,120	9.1	0.003	22.3	20.25
1966	102,200	900	331,950	8.95	0.006	20.36	19.87
1967	103,600	900	333,850	9.1	0.009	22.1	19.33

*This number includes all business offices, whether in dwelling houses or factories not occupied on the night the Census was taken.

†This number omits all business offices, factories, etc.

*The Census returns show unoccupied "dwellings" —not houses.

*In these years an extension of the City Boundaries took place.

VENEREAL DISEASES

Return Relating to Cases Treated at the Coventry and Warwickshire Hospital, 1967

New cases of infections	Totals	Male	Females
Syphilis:-			
(i) Primary	2	2	—
(ii) Secondary	3	3	—
(iii) Latent in first year of Infection ..	—	—	—
(iv) Cardio-vascular	4	1	3
(v) Of the nervous system	2	2	—
(vi) All other late and latent stages ..	8	5	3
(vii) Congenital (under 1 year)	—	—	—
(viii) Congenital (over 1 year)	2	—	2
Total of Lines included in 1 ..	21	13	8
Gonorrhoea	329	244	85
(i) Chancroid	—	—	—
(ii) Lymphogranuloma Venereum (Syn. Lymphogranuloma Inguinale)	1	1	1
(iii) Granuloma Inguinale (Syn. Granuloma Venereum) ..	—	—	—
(iv) Non-Gonococcal Urethritis	327	327	—
(v) Non-Gonococcal Urethritis with Arthritis	5	5	—
(vi) Trichomonal Infestations	—	—	—
(vii) Late or Latent Treponematoses pre- sumed to be non-Syphilitic	13	9	4
(viii) Other conditions requiring treatment within the centre	403	218	185
(ix) Conditions requiring no treatment with- in the centre	398	303	95
(ix) Undiagnosed Conditions	—	—	—
Total of Lines included in 3 ..	1,147	863	284
Cases transferred in from other centres	7	7	—
Grand Totals (1, 2 and 3)	1,504	1,127	377

RAINFALL

Total Rainfall Recorded in Inches from 1895—1964

	Average for 10 years	Highest	Lowest
1895 — 1904	24.41	32.75 in 1903	19.87 in 1898
1905 — 1914	26.47	37.02 in 1912	21.35 in 1905
1915 — 1924	27.25	31.96 in 1924	17.44 in 1921
1925 — 1934	26.95	33.09 in 1927	20.96 in 1934
1935 — 1944	25.67	32.81 in 1939	20.28 in 1943
1945 — 1954	25.69	32.49 in 1951	20.59 in 1947
1955 — 1964	24.39	34.34 in 1960	19.37 in 1964

TOTALS FOR THE PAST 10 YEARS

1958	31.56	1963	22.00
1959	20.67	1964	19.37
1960	34.34	1965	28.42
1961	23.45	1966	31.929
1962	19.57	1967	22.5

Tuberculosis — Ten Year Summary

CASES ON REGISTER		CASES NOTIFIED (or brought to notice)		DEATHS			
Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary		Non-Pulmonary	
				No.	Rate	No.	Rate
1680	166	187	17	21		1	
1208	172	132	11	6	0·10	0	0·004
1689	168	161	16	14		1	
1188	174	88	21	10	0·09	1	0·007
1681	169	172	16	35		3	
1165	175	98	27	15	0·17	0	0·010
1508	149	99	11	48		2	
1028	165	48	13	9	0·18	2	0·013
1405	137	99	6	38		0	
915	160	36	19	9	0·15	1	0·003
1309	133	101	14	38		0	
817	153	44	17	12	0·16	5	0·016
1225	137	77	20	46		1	
752	153	35	16	14	0·19	—	0·003
1195	141	123	24	20		1	
707	144	67	13	10	0·12	2	0·009
1132	143	93	14	27		1	
678	141	64	16	7	0·11	—	0·003
1044	149	83	16	43		—	
610	150	42	20	7	0·15	2	0·006

SUMMARY OF INFECTIOUS DISEASES NOTIFIED YEAR ENDED December, 1967

196

AREA OF OCCURRENCE

AGE GROUPS

No. notified
No. admitted to hospital

DISEASES

	0-1	1-2	3-4	5-9	10-14	15-24	25-44	45-64	65 plus	Bablake	Binley and Willenhall	Cheylesmore	Earlsdon	Foleshill	Godiva	Henley	Holbrooks	Longford	Lower Stoke	Radford	St. Michael's	Sherbourne	Upper Stoke	Westwood	Whoberley	Woodlands	Wyken
Acute Encephalitis	2					1	1						1								1		1			1	1
Aseptic Meningitis	15	1	1	6		1	5			5	2	1				4	1	1			10			1	6	2	1
Acute Prim. Pneu.	70	3	6	3	1	2	11	26	17		5	6	3	3	1	7	4	5		6	13	3	12	37	10	46	7
Dysentery ..	623	27	125	210	54	16	69	18	6		32	105	114	16	29	136	19	9	25	10	10						1
Erysipelas ..	30					2	9	12	7	2	4	2	2				1	2	1	2	1	2	3		6	1	1
Food Poisoning ..	24	5	3	1	2	5	2	2	2		5	3		2	3	1	1	1		1	1	1	1	1	1	3	15
Infective Hepatitis..	208	6	13	75	41	33	33	7		10	16	3	5	16	3	87	8	12	1	14	10	2	1	1	1		
Measles ..	2960	196	906	931	894	21	8	1		171	305	167	109	99	61	332	172	119	108	94	161	71	143	130	116	336	266
Menigococcal Inf. ..	6	3	1	1	1				5	1	1	1	1	11	6	1	2	2	2	1	4	1		1		1	1
Non Pul. Tub'osis..	35		1	2	3	5	15	4			1	1															
Ophthalmia Neon.	2	2												1													
Paratyphoid Fever	1																										
Poliomyelitis ..	1	1									1			2	3	1			1				2			1	1
Puerperal Pyrexia ..	10					6	4													4	16		3	7	4	2	1
Pul. Tuberculosis	107	34	2	2	3	17	35	36	10		14	4	3	17	11	4	6	6	5	2	5	5	2	1	17	11	8
Scarlet Fever	130	2	20	38	65	3	4			7	25		7	2	4	7	7	10	10	2	5	5	2	1	7	5	1

INDEX

A	Page	G
Accidents in the Home ..	48	General Statistics ..
Atmospheric Pollution ..	121	
Ambulance Service ..	57	
B		H
Bakehouses	115	Hairdressers' and Barbers' Premises
Birth Rate	29	Health Committee
		Health Education
		Health Visiting
		Home Help Service
		Home Nursing
		Housing
		Housing Act, 1957—Overcrowding
C		I
Cancer (Death Rate)	7	Ice Cream
Cervical Cytology	41	Immunisation Service
Chiropody	80	Infant Mortality Chart
Clean Air Act 1956	129	Infantile Mortality
Convalescence	76	Infant Mortality (ages Tables) ..
Coventry Corporation Act 1958	80	Infectious Diseases
Crematorium	89	Infectious Diseases (Notification Tables)
Common Lodging Houses ..	150	Infective Hepatitis
D		M
Day Nurseries	41	Marriage Rates
Death Rate	29	Mass Radiography
Deaths, Causes and Ages ..	158	Maternal Mortality
Deaths, Proportions to (Chart)	156	Maternity & Child Welfare Service
Dental Care	43	Meals for Sick and Aged
Diphtheria	22	Measles
Dysentery	23	Meat Inspection
		Mental Health
F		Meteorological Observation ..
Factories' Act, 1961 ..	161	Midwifery
Food—Bacteriological Examination	107	Milk — Designated
Food and Drugs Samples ..	101	Milk Purveyors
Food Hawkers	116	Milk Sampling
Food Hygiene	112	M.O.H. Preamble
Food Poisoning	26	Moveable Dwellings

INDEX—continued

N		Page	S		Page
Maternal Assistance Act, 1948 ..		82	Sewerage & Sewage Disposal ..		84
National Health Service Act, 1948-1966		35	Smoke Control Areas		129
Neonatal Mortality		29	Staff		4
Nurse		130	Statistical Tables and Charts (Index)		154
Nurses & Child Minders Regulations		40	Statistics (Vital of City) ..		159
			„ (Vital, of Coventry, England and Wales) ..		155
			„ Historical Summary ..		162
			„ (General)		162
			Superannuation (Medical Examinations)		90
			Swimming Baths and Paddling Pool		147
O			T		
Occupational Therapy		75	Tuberculosis (Survey of) ..		30
Offices and Railway Premises Act, 1963		132	„ (Live Register)		28
			„ (10 Year Summary) ..		165
P			U		
Public Health Act, 1949 (prevention of disease)		149	Unmarried Mothers and their Children		44
Animals Act, 1951		149			
Myelitis		25			
Notification		29			
Notification of Illness, Care and After-care		74			
Provision of Nursing Equipment		42			
Public Health Inspector (Chief)		91			
R			V		
Records		164	Vaccination Service		55
Registration of Congenital Abnormalities		39	Venereal Diseases (Survey) ..		27
Registration of Persons		82	Venereal Diseases (Tables) ..		163
Registration Act		149	Virus Disease		33
Rivers and Streams		148			
			W		
			Water Supply		87
			Welfare Foods, Supply of ..		42

